

# **Application form**

ATLAS Infrastructure Australian Feeder Fund - AUD Hedged Class APIR PIM9253AU ATLAS Infrastructure Australian Feeder Fund - AUD Unhedged Class APIR PIM6769AU

Please use this form if you are a new investor and wish to invest in the funds by making an initial application.

### READ AND ENSURE YOU UNDERSTAND THE PRODUCT DISCLOSURE STATEMENT(PDS) AND THE ADDITIONAL INFORMATION BOOKLET.

The PDS and 'booklet' are available at www.atlasinfrastructure.com. The law prohibits any person passing this Application Form on to another person unless it is accompanied by a complete PDS. We will provide on request and without charge a paper or electronic copy of the current PDS and its incorporated documents.

## 2. COMPLETE ALL RELEVANT SECTIONS OF THIS APPLICATION FORM EITHER:

- online then print and sign in the relevant fields using a black pen; or
- manually please write in BLOCK letters, using a black pen. If you make an error while completing this form, do not
  use correction fluid. Cross out your mistakes and initial your changes.

Individuals: complete section 1, section 2 and then section 5 onwards.

Companies: complete section 1, section 3 and then section 5 onwards.

Trusts/superannuation funds:

- if you are an individual trustee complete section 1, section 2 and then section 4 onwards.
- if you are a trust with a company as a trustee complete section 1 and then section 3 onwards.

## 3. CERTIFY AND PROVIDE THE IDENTIFICATION DOCUMENTS.

Please refer to section 8 'Identification and verification' and complete the relevant identification document attached to this Application Form or at www.atlasinfrastructure.com.

### 4. TELL US YOUR TAX STATUS.

Please complete the Tax information form attached to this Application Form or at www.atlasinfrastructure.com.

### 5. SEND YOUR DOCUMENTS TO OUR ADMINISTRATOR.

You can return your forms by post to:

ATLAS Infrastructure GPO Box 804 Melbourne VIC 3001

### 6. MAKE YOUR PAYMENT.

Please refer to section 6 'Payment of application amount'.

Your application cannot be processed until all relevant identification documents and cleared funds are received.

1. DO YOU HAVE AN EXISTING INVESTMENT IN ANY	Contact details	
ATLASINFRASTRUCTURE AUSTRALIAN FEEDER FUND?	Home number (include country and area code)	
No, complete section 2 onwards.		
Yes, the account number is	Business number (include country and area code)	
	Mobile number (include country code)	
Please complete from section 5 onwards.	Email address	
2. INDIVIDUALS		
Please complete if you are investing individually, jointly or you are an individual or joint trustee.	This email address is the default address for all investor correspondence (such as transaction confirmations, statements, reports and other material).	
Investor 1 – Personal details	ABN	
Title Full given names		
	Tax details — Australian residents	
Surname	If you are an Australian resident for tax purposes please provide your	
	tax file number (TFN) or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you	
Date of birth (DD/MM/YYYY)	will be taxed at the highest marginal tax rate plus the Medicare levy.	
DD / MM / YYYY	TFN	
Residential address		
A PO Box/RMB/Locked Bag is not acceptable.	Reason for exemption	
Property/Building name (if applicable)		
	Tax details — Non Australian residents	
Unit Street number	If you are not an Australian resident for tax purposes, please indicate	
	your country of residence for tax purposes.	
Street name		
	Investor 2 – Personal details	
Suburb State	Title Full given names	
Daylords Coult		
Post code Country	Surname	
Postal address (if different to residential address)	Date of birth (DD/MM/YYYY)	
A PO Box/RMB/Locked Bag is acceptable.  Sole trader?	DD / MM / YYYY	
	Residential address	
No Yes	A PO Box/RMB/Locked Bag is not acceptable.	
If you are a sole trader, what is your business name?	Property/Building name (if applicable)	
Property/Building name (if applicable)	Unit Street number	
Unit Street number	Street name	
Street name	Suburb State	
Suburb State	Post code Country	
Post code Country		

Postal address (if different to residential address)	TFN	
A PO Box/RMB/Locked Bag is acceptable.		
Property/Building name (if applicable)	Country of residency (if a foreign company)	
Unit Street number	Registered office address	
	A PO Box/RMB/Locked Bag is not acceptable. If	vou are a foreign
Street name	company, write the address of your Australian re	
Street name	have one) or else write your principal place of b	
Cultural	Name of Australian registered agent (if applicab	le)
Suburb State	3 3 11	,
Post code Country	Property/Building name (if applicable)	
Contact details	Unit Street number	
Home number (include country and area code)		
	Street name	
Business number (include country and area code)		
	Suburb	State
Mobile number (include country code)		
·	Post code Country	
Email address		
	Dottel address (if different to alcour)	
All correspondence will be sent to the address provided for investor 1.	Postal address (if different to above)  A PO Box/RMB/Locked Bag is acceptable.	
Tax details — Australian residents		
If you are an Australian resident for tax purposes please provide your	Property/Building name (if applicable)	
tax file number (TFN) or reason for exemption. If you are an Australian		
resident and do not provide your TFN, or reason for exemption, you	Unit Street number	
will be taxed at the highest marginal tax rate plus the Medicare levy.		
TFN	Street name	
Reason for exemption	Suburb	State
Tax details — Non Australian residents	Post code Country	
If you are not an Australian resident for tax purposes, please indicate		
your country of residence for tax purposes.	Contact person at company	
	Name	
If there are more than two individual investors or trustees,		
please provide the full name, date of birth, and residential	Home number (include country and area code)	
address of each on a separate sheet and attach to this form.	,	
3. COMPANIES	Business number (include country and area code	e)
Please complete if you are investing as a company or as a trust with a	,	,
corporate trustee.	Mobile number (include country code)	
<b>Note:</b> You are also required to complete the relevant Identification	( 1111 111 111 111 111 111 111 111 111	
Form.	Email address	
Company details	2	
Full name of company (as registered by ASIC)	This email address is the default address for all i	nvector
	correspondence (such as transaction confirmation	
ACN or ABN (for foreign companies, provide your Australian Registered Body Number (ARBN) if you have one)	reports and other material).	, - <del></del> 1

#### 4. TRUSTS OR SUPERANNUATION FUNDS

Please complete if you are investing as a trust or superannuation fund. Individuals and non-corporate trustee(s) must also complete sections 2 and 3. Corporate trustees must also complete sections 2 and 4.

Note: You are also required to complete the Identification Form - Trusts and Trustees. Trust or superannuation fund details Name of trust or superannuation fund ABN (applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax Office) **TFN** Business type or activity of the trust 5. INVESTMENT DETAILS AND DISTRIBUTION INSTRUCTIONS Please specify your initial application amount. There is typically a minimum investment amount of \$25,000 per Fund, however, we may waive or vary the investment minimums. Please also indicate your distribution choice below. If you do not make an election, distributions will be reinvested. INVESTMENT OPTION (indicate preference with an X) **INVESTMENT FUND NAME** APIR Code **AMOUNT AUD** Pay to my bank Reinvest account ATLAS Infrastructure Australian Feeder Fund PIM9253AU \$ - AUD Hedged Class ATLAS Infrastructure Australian Feeder Fund PIM6769AU \$ - AUD Unhedged Class Direct debit authority – Australian bank accounts only Please indicate the source and origin of funds being invested: You can allow us to deduct your application amount directly from savings your nominated financial institution account by completing the direct debit authority below. This debit will be made through the investment Bulk Electronic Clearing System (BECS) from your account held at superannuation contributions the financial institution you have nominated below. By completing this section, you have understood and agreed to the commission terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this Request donation/gift and in your Direct Debit Request Service Agreement, a copy of which is available on https://www.iress.com/software/investmentinheritance management/funds-administration/ Financial institution name normal course of business asset sale Branch name other – write the source and origin of funds below: BSB number Account number 6. PAYMENT OF APPLICATION AMOUNT Account name Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD. I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 **EFT** 333 308 (User ID 411595) to arrange, through its own financial institution, Direct Debit a debit to the nominated account as deemed payable by OneVue. FFT Signature of primary account holder OVFS ATF ATLAS INFRASTRUCTURE Account name: APPLICATION ACCOUNT 083-001 Account number: 986730631 Please print full name Your reference: [please use the name of the investor] Date (DD/MM/YYYY)

Signature of joint account holder (if	applicable)	instructions regar	rding general correspondence for you	ır fund).
		By email	By post	
Diagram aright fall agence		Marketing materi	al	
Please print full name		Please ensu	re no marketing material is sent to me	e.
Date (DD/MM/YYYY)		9. IDENTIFICA	ATION AND VERIFICATION	
		Please tick one b	ox only:	
7. FINANCIAL INSTITUTION AC	COUNT DETAILS	I have not pre	eviously invested in any ATLAS Funds a	nd will
Australian bank account details	2000111 22171123		relevant investor identification forms lo	cated at the
Please provide your bank account of			pplication form. ing investor in an ATLAS Fund and am	not required to
take your distribution in cash or wis future redemptions. We will only pa		complete the	e investor identification forms located at	
account in the name(s) of the inves	tor(s). We will not make any	application f	orm.	
payments into third party bank acco	ounts.		L ADVISER DETAILS	
Financial institution name		Dealer group n	ame	
Branch name		Adviser name		
BSB number Account number		AFSL number	Authorised representative number	r (if any)
Account name		Address Property/Ruildin	g name (if applicable)	
		Troperty/Ballalli	g name (ii applicable)	
Foreign bank account details		Unit	Street number	
Please complete if you wish to prove redemptions. We will only pay cash				
the name(s) of the investor(s). We will third party bank accounts.		Street name		
Financial institution name				
		Suburb		State
Financial institution address		Postcode	Country	
			,	
Account number		Postal address	(if different to above)	
		Property/Buildi	ng name (if applicable)	
Account name				
		Unit	Street number	
SWIFT/BIC	ABA/FED (US)			
		Street name		
IBAN (Europe)				
Due to the complexity of foreign ba	ank accounts we may need to	Suburb		State
contact you for more information	ank accounts, we may need to			
8. COMMUNICATION		Postcode	Country	
Automatic online account access				
Online access enables you to view		Contact details	i	
(account balance, investment detail will send you the necessary registra		Business number	er (include country and area code)	
application is processed.	) i )			
Annual and semi-annual report opt	ions	Mobile number	(include country code)	
The annual and any semi-annual file				
are available free on our website. If by post or email, please indicate be semi-annual reports only. This will r	elow (This refers to annual and	Adviser signatu	re	

# 11. DECLARATIONS AND ACKNOWLEDGMENTS When you apply to invest, you (the applicant) are telling us: • you have received, read and understood the current PDS, • monies deposited are not associated with crime, terrorism, money laundering or terrorism financing, nor will monies received from your account have any such association, · you are not bankrupt or a minor, you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time, you consent to the handling of your personal information in accordance with the Privacy Act 1988 and relevant privacy 12. SIGNING INSTRUCTIONS Individual — where the investment is in one name, the sole investor must sign. Joint Holding — where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date. Companies — where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

trust deed.

Power of Attorney — if signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Trust — the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the

Signature of investor 1, director or authorised signatory
Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity)  Director
Sole director and company secretary
Authorised signatory
Signature of investor 2, director/company secretary or authorised signatory
Please print full name
Date (DD/MM/YYYY)  / / /
Company officer (please indicate company capacity)  Director
Company secretary
Authorised signatory
If you are investing jointly or are a joint trustee, please indicate whether a single investor can operate your account.
Yes No



# Instructions: identification forms

Which form?	There are three forms that follow: one each for individuals, companies and trustees.
	Choose the form that is applicable to you.
	If you are a partnership, an association, a cooperative or a Government body, then contact us and we will send a more appropriate form to you.
Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	You must have someone certify the copies you send to us. The following people can be the certifier:
	You must certify the copies you send to us by one of the following certifiers:
	a Justice of the Peace
	a Notary public (for the purposes of the Statutory Declaration Regulations 1993)
	an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
	a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
	• an officer with, or authorised representative of, a holder of an Australian financial services licence, having or more continuous years of service with one or more licensees
	an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
	• a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
	a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
	a 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)
	a Judge of a court
	a magistrate
	a chief executive officer of a Commonwealth court
	a registrar or deputy registrar of a court
	a Police officer
	<ul> <li>an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular FeesAct 1955).</li> </ul>
What should the person certifying write?	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialed by the person certifying your documents.
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translato Contact us if you need guidance on accredited translators.



# Identification form – Individuals

Please complete this form if you have not previously invested in an ATLAS Infrastructure Fund. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts and Trustees instead.

- 1. Please complete this identification form in block letters and using a black pen.
- 2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
- 3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1. PERSONAL DETAILS	SIGNATURE
Title Full given names	Signature
Surname	
	Date (DD/MM/YYYY)
Date of birth (DD/MM/YYYY)	DD / MM / YYYY
Usual occupation	
2. VERIFICATION PROCEDURE – INDIVIDUAL INVESTOR	
Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.	
Group 1	
Provide a certified copy of one of these:	
Australian driver's licence	
showing your photo, and please copy the front and back foreign driver's licence	
showing your date of birth, signature and photo	
Australian passport	
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you	
foreign passport	
showing your signature and photo, and please copy the pages which identify you	
Australian State or Territory Government issued ID card	
showing your date of birth, signature and photo	
foreign Government issued ID card	
showing your date of birth, signature and photo.	
Group 2 If you can't provide anything from Group 1, then provide a certified copy of one of the following:	
Australian or foreign government issued birth certificate	
Australian or foreign government issued citizenship certificate	
Centrelink pension or health card	
please copy the front and back.	
PLUS provide a certified copy of one of the following:	
a Government issued notice	
one which shows your name and residential address, not more than 12 months old	
a rates or utilities notice	
one which shows your name and residential address, not more than 3 months old	
ATO notice	
one which shows any debt owing to the ATO, your name and	

residential address, not more than 12 months old.



# Identification form – Australian and Foreign companies

Please complete this form if you are a company investing for the first time with an ATLAS Infrastructure Fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts and Trustees instead.

- 1. Please complete this identification form in block letters and using a black pen.
- 2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
- 3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1. COMPANY DETAILS	Post code Country (if not Australia)	
1.1 General information		
Full name of company	Please provide us with certified copies of one of the following:	
	an ASIC or foreign regulator search	
Nature of business	an ASIC or foreign regulator certificate of registration.	
	2. COMPANY TYPE	
1.2 Australian companies	Please complete the section below for public companies (section 2.1) or private companies (section 2.2) (as applicable).	
Principal place of business (if different to registered office address).  A PO Box/RMB/Locked Bag is not acceptable.	2.1 Public company	
Property/Building name (if applicable)	Are you a public company?	
	No Yes	
Unit Street number	If yes, please proceed to section 3.	
	2.2 Private company	
Street name		
	Are you a private company?	
Suburb State	No Yes	
Post code Country	If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.	
	Director details	
Please provide us with certified copies of:  an ASIC search	How many directors are there?	
	Provide the full name of each director:  Director 1	
<b>1.3 Foreign companies</b> Country of formation	Title Full given names	
Country of formation		
Registered in Australia?	Surname	
No Yes – what is the ARBN:	Director 2	
	Title Full given names	
Registered in country of formation?		
No Yes – name of regulator/exchange:	Surname	
Identification number issued by foreign registration body	Director 3	
	Title Full given names	
If you are a foreign company registered in Australia write your		
principal place of business in Australia or the full name and address of your Australian agent.	Surname	
If you are a foreign company not registered in Australia write your	Director 4	
registered business address in country of formation or principal place	Director 4 Title Full given names	
of business if there is not a registered address.	Tall given names	
A PO Box/RMB/Locked Bag is not acceptable	Surname	
Property/Building name (if applicable)		
Linit Ctract number	If there are more directors, please provide their name on a separate	
Unit Street number	sheet and attach to this form.	
Street name		
Succernance		
Suburb State		

3. REGULATED/LISTED COMPANIES	Date of birth (DD/MM/YYYY)	
Are you an Australian listed company?	DD / MM / YYYY	
No Yes – please provide name of market/exchange	Usual occupation/Nature of business	
Market/exchange		
	Residential address/Registered office address.	
Are you a majority-owned subsidiary of an Australian listed company?	A PO Box/RMB/Locked Bag is not acceptable.	
No Yes – please provide name of listed company and market/exchange	Property/Building name (if applicable)	
Company	Unit Street number	
Market/exchange	Street name	
Are you a regulated company?	Suburb State	
One that which is licensed by an Australian Commonwealth, State or		
Territory statutory regulator.	Post code Country	
No Yes – please provide details of the regulator and		
license number	Beneficial owner 2	
Regulator	Title Full given names	
	Surname/Company name	
Licence number	Surname, Company Hame	
	Date of lainth (DD (MM A)(A)(A)	
If you answered yes to any of these questions, please provide us with	Date of birth (DD/MM/YYYY)	
a certified copy of one of the following and sign the form at the end.	DD / MIMI / YYYY	
For you, this form is then complete.	Usual occupation/Nature of business	
an ASIC search		
a search of the licence or other records of the relevant regulator	Residential address/Registered office address.	
a public document issued by the company	A PO Box/RMB/Locked Bag is not acceptable.  Property/Building name (if applicable)	
a search of the relevant market/exchange	гторенту) винину натте (п аррисавіе)	
4 NON DECLIFATED (NON LICTED COMPANIES	Unit Street number	
4. NON-REGULATED/NON-LISTED COMPANIES		
If you answered no to all the questions in section 3, please fill in the sections 4.1, 4.2 and 4.3 below.	Street name	
4.1 Beneficial owner details		
Provide details of all beneficial owners who are individuals who,	Suburb State	
through one or more shareholdings, ultimately own 25% or more of		
the company's issued capital or who control (whether directly or	Post code Country	
indirectly) the company and either the date of birth or full		
residential address of each beneficial owner.		
HELP	Beneficial owner 3	
Control: includes control as a result of, or by means of, trusts,	Title Full given names	
agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on		
legal or equitable rights and includes exercising control through the	Surnama/Company nama	
capacity to determine decisions about financial and operating	Surname/Company name	
policies.		
Beneficial owner 1	Date of birth (DD/MM/YYYY)	
Title Full given names	DD / MM / YYYY	
	Usual occupation/Nature of business	
Surname/Company name		

Residential address/Registered office address.	foreign Government issued ID card		
A PO Box/RMB/Locked Bag is not acceptable.	showing your date of birth, signature and photo.		
Property/Building name (if applicable)	Group 2		
	If you can't provide anything from Group 1, then provide a certified		
Unit Street number	copy of one of the following:		
	Australian or foreign government issued birth certificate		
Street name			
Street name	Australian or foreign government issued citizenship certificate		
	Centrelink pension or health card		
Suburb State	please copy the front and back.		
	PLUS provide a certified copy of one of the following:		
Post code Country	a Government issued notice		
	one which shows your name and residential address, not more than		
Beneficial owner 4	12 months old		
Title Full given names	a rates or utilities notice		
The Full given names	one which shows your name and residential address, not more than 3		
Surname/Company name	months old		
Surriume, company name	ATO notice		
Data of hirth (DD /MMM MANA)	one which shows any debt owing to the ATO, your name and		
Date of birth (DD/MM/YYYY)	residential address, not more than 12 months old.		
DD / MIMI / TYYY	For each corporate beneficial owner please provide:		
Usual occupation/Nature of business			
	a completed Identification form – Australian and Foreign companies, plus any relevant identification.		
Residential address/Registered office address.			
A PO Box/RMB/Locked Bag is not acceptable.	4.2Voting rights		
Property/Building name (if applicable)	If there are any other individuals, who have not been listed above in section 4.1, and who are entitled, either directly or indirectly, to		
Coppersy, canaling rains (in approximate)	exercise 25% or more of the company's voting rights, please provide		
Linit Ctroot a value	their name, date of birth, and residential address on a separate sheet		
Unit Street number	and attach to this form.		
	4.3Senior Managing Official details		
Street name	If the company does not have any beneficial owners, please provide		
	the details of the Senior Managing Official (or equivalent).		
Suburb State	Title Full given names		
Post code Country	Surname		
	Surriante		
Verification procedure - beneficial owners			
·	Date of birth (DD/MM/YYYY)		
Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each	DD / MM / YYYY		
individual applicant.	Company title		
Group 1 Provide a certified copy of one of these:	Desidential address/Desistand office address		
Australian driver's licence	Residential address/Registered office address.  A PO Box/RMB/Locked Bag is not acceptable.		
showing your photo, and please copy the front and back	Property/Building name (if applicable)		
foreign driver's licence			
showing your date of birth, signature and photo	Unit Street number		
Australian passport			
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you	Street name		
foreign passport			
showing your signature and photo, and please copy the pages which identify you	Suburb State		
Australian State or Territory Government issued ID card			
showing your date of birth, signature and photo			

Post code	Country
making, decisio	g official: an individual who makes, or participates in ns that affect the whole, or a substantial part of the at may significantly affect the company's financial
If you are unable above, please pr	redure - senior managing official details e to provide details of the beneficial owners in 4.1 rovide documentation showing the name of the senior al, as provided in this section 4.3.
	NSTRUCTIONS
secretary, this for (pursuant to sec have a company Otherwise this for	
Please print full	name
Date (DD/MM/Y	YYY) /
Company officer Director	r (please indicate company capacity)
Sole director	or and company secretary
Signature of dire	ector 2/company secretary
Please print full	name
Date (DD/MM/Y	YYY) /
Company office	r (please indicate company capacity)
Company	secretary



# Identification form – Trusts and Trustees

Please complete this form if you have not previously invested in an ATLAS Infrastructure Fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

- 1. Please complete this identification form in block letters and using a black pen.
- 2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
- 3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1. TRUST DETAILS	Please provide full name, address	and date of birth of all beneficial
Full name of trust	owners who are individuals who own 25% or more of the trust inco	
	or assets or who control (whether either the date of birth or full residual)	directly or indirectly) the trust and
Business name (if any)	owner:	deritial address of each beneficial
	HELP	
Country in that the trust was established	Control: includes control as a resu	ult of, or by means of, trusts,
	agreements, arrangements, under	rstandings and practices, whether or not based on
	legal or equitable rights, and inclu	udes exercising control through the
2. TYPE OF TRUST	capacity to determine decisions a policies.	bout financial and operating
2.1 Regulated trusts	Para Cristan and	
This includes complying superannuation funds and SMSFs	Beneficial owner 1	
Superannuation fund - or another type of trust registered and regulated by an Australian Commonwealth statutory regulator	Title Full given names	
No Yes	Surname/Company name	
If yes, please tell us:		
The trust's ABN	Date of birth (DD/MM/YYYY)	
	DD / MMI / YYYY	
The regulator if not APRA or the ATO	Usual occupation/Nature of busine	ess
Any licence number	Residential address	
	A PO Box/RMB/Locked Bag is not	•
Registered managed investment scheme	Property/Building name (if applica	ble)
No Yes	Unit Street n	umber
If yes, please tell us the ARSN		
	Street name	
Government superannuation fund	C I	Clair
No Yes	Suburb	State
If yes, please tell us the name of the Act that regulates the trust	Dont and Country	
	Post code Country	
If you answered yes to any of these questions, then please provide a	Beneficial owner 2	
certified copy of one of the following:	Title Full given names	
superannuation funds	Tall given names	
go to www.abn.business.gov.au, select the 'Super Fund Lookup' option and print out the results for your super fund	Surname/Company name	
	James Company name	
registered managed investment schemes	Date of birth (DD/MM/YYYY)	
an ASIC search of the scheme		
Government superannuation funds	Usual occupation/Nature of business	
an extract of the establishing legislation.	Osdal Occupation/Nature of busine	233
2.2 Non-regulated trusts	Decide did address	
Including family discretionary trusts, family and other unit trusts,	Residential address A PO Box/RMB/Locked Bag is not acceptable.	
deceased estates and charitable trusts (but not including self- managed super funds)	Property/Building name (if applica	•
Is the trust a non-regulated trust?	Unit Street no	umber
No Yes		
If yes, please specify the type of trust	Street name	

Suburb S	Please provide the name of all beneficiaries that are not beneficial
Post code Country	owners.  If the trust deed describes the beneficiaries by reference to member of a class please provide details of, the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities on a separate sheet and attach to this form.
Beneficial owner 3	
Title Full given names	Beneficiary 1
	Title Full given names
Surname/Company name	
Date of birth (DD/MM/YYYY)	Surname
	Beneficiary 2
	Title Full given names
Usual occupation/Nature of business	Tuli giveri fiames
	Curanna
Residential address	Surname
A PO Box/RMB/Locked Bag is not acceptable.	
Property/Building name (if applicable)	Beneficiary 3
	Title Full given names
Unit Street number	
	Surname
Street name	
	Beneficiary 4
Suburb	tate Title Full given names
Post code Country	Surname
David and A	
Beneficial owner 4	Please provide the name of the appointor of the trust, if applicable
Title Full given names	
	HELP
Surname/Company name	Appointor: the appointor has the power to appoint or remove the
Data a Chaida (DD A A A A A A A A A A A A A	trustees of the trust. Not all trusts have an appoint or remove the
Date of birth (DD/MM/YYYY)	·
DD / MM / YYYY	Name of trust settlor
Usual occupation/Nature of business	
	HELP
Residential address	Settlor: this is the person that creates the trust. The settlor may be, for
A PO Box/RMB/Locked Bag is not acceptable.	example, your accountant or solicitor.
Property/Building name (if applicable)	
	Note: you do not need to provide the name of the trust settlor if they are deceased, or the material asset at the time the trust was
Unit Street number	established was less than \$10,000.
	If you are a non-regulated trust, please provide us with certified
Street name	copies of one of the following:
	Trust deed
Suburb S	or an extract of the trust deed showing the full name of the trust tate
	and any named trust settlor
Post code Country	Other documentation
	confirming the full name of the trust and the name of the trust
	settlor

#### TRUSTEE DETAILS 3. 3.2 Verification procedure – company trustees 3.1 Verification procedure - individual trustee 3.2.1. General information Full given names Full name of company trustee Surname Nature of business Date of birth (DD/MM/YYYY) **ACN** Usual occupation 3.2.2. Australian company trustee Place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable. Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each Property/Building name (if applicable) individual applicant. Group 1 Unit Street number Provide a certified copy of one of these: Australian driver's licence Street name showing your photo, and please copy the front and back foreign driver's licence Suburb State showing your date of birth, signature and photo Australian passport Post code Country a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you foreign passport 3.2.3 Foreign company trustee showing your signature and photo, and please copy the pages Country of formation which identify you Australian State or Territory Government issued ID card Registered in Australia? showing your date of birth, signature and photo foreign Government issued ID card No Yes showing your date of birth, signature and photo. If yes, please provide the ARBN Group 2 If you can't provide anything from Group 1, then provide a certified Registered in that country? copy of one of the following: Australian or foreign government issued birth certificate No Yes Australian or foreign government issued citizenship certificate If yes, please provide the name of regulator/exchange Centrelink pension or health card please copy the front and back. Identification number issued by foreign registration body PLUS provide a certified copy of one of the following: a Government issued notice Registered business address in country of formation. A PO Box/RMB/Locked Bag is not acceptable one which shows your name and residential address, not more than 12 months old Property/Building name (if applicable) a rates or utilities notice one which shows your name and residential address, not more Unit Street number than 3 months old ATO notice Street name one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old. For each corporate beneficial owner please provide: Suburb State a completed Identification form – Australian and Foreign companies, plus any relevant identification. Post code Country (if not Australia)

Please provide	e us with certified copies of one of the following:	Are you a majority-owned subsidiary of an Australian listed company?
an ASIC or foreign regulator search		No Yes – please provide name of listed company
an ASIC or foreign regulator certificate of registration.		and market/exchange Company
3.2.4 Company type		
Please complete the section below for public companies (3.2.4 (a)) or		Market/exchange
private compa	nies (section 3.2.4 (b)) (as applicable).	
3.2.4 (a) Publ	ic company	Are you a regulated company?
Are you a pub	lic company?	One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.
No	Yes	
If yes, please p	proceed to section 3.2.5	No Yes – please provide details of the regulator and licence number
3.2.4 (b) Priva	ate company	Regulator
Are you a priva	ate company?	
No	Yes	Licence number
private Austral complete for p	complete the director details section below if you are a lian company or a private foreign company. Do not bublic companies.	If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.
Director details		an ASIC search
How many dire	ectors are there?	a search of the licence or other records of the relevant regulator
Provide the ful	ll name of each director:	a public document issued by the company
Director 1		a search of the relevant market/exchange
Title	Full given names	3.2.6 Non-regulated/non-listed companies
Surname		If you answered no to all the questions in section 3.2.5, please fill in
Surname		the sections 3.2.6 (a), (b) and (c) below.
Director 2		3.2.6 (a) Beneficial owner details
Title	Full given names	Provide details of all deneficial owners (i.e. company shareholders) who, through one of more shareholdings, own 25% or more of the company's issued capital.
Surname		Beneficial owner 1
		Title Full given names
Director 3		
Title	Full given names	Surname/Company name
Surname		Date of birth (DD/MM/YYYY)
Director 4		Usual occupation/Nature of business
Title	Full given names	Osual occupation/Patture of Business
		Residential address
Surname		A PO Box/RMB/Locked Bag is not acceptable.
		Property/Building name (if applicable)
If there are more directors, please provide their name on a separate sheet and attach to this form.		
		Unit Street number
3.2.5 Regulated/Listed companies		Street name
Are you an Australian listed company?		
No Yes – please provide name of market/exchange		Suburb State
Market/Exchange		

Post code Country	Date of birth (DD/MM/YYYY)
	DD / MM / YYYY
Beneficial owner 2	Usual occupation/Nature of business
Title Full given names	
	Residential address
Surname/Company name	A PO Box/RMB/Locked Bag is not acceptable.
	Property/Building name (if applicable)
Date of birth (DD/MM/YYYY)	
DD / MM / YYYY	Unit Street number
Usual occupation/Nature of business	
Osual Occupation (Nature of Business	Street name
Residential address	
A PO Box/RMB/Locked Bag is not acceptable.	Suburb State
Property/Building name (if applicable)	
	Post code Country
Unit Street number	,
Street name	Verification procedure - beneficial owners
	Please provide a certified copy of one document from Group 1 or if
Suburb State	you can't, a certified copy of two documents from Group 2 for each individual applicant.
State	
Post code Country	J Group 1 Provide a certified copy of one of these:
r ost code Country	Australian driver's licence
	showing your photo, and please copy the front and back
Beneficial owner 3	foreign driver's licence
Title Full given names	showing your date of birth, signature and photo
	Australian passport
Surname/Company name	a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
Date of birth (DD/MM/YYYY)	foreign passport
DD / MM / YYYY	showing your signature and photo, and please copy the pages which identify you
Usual occupation/Nature of business	Australian State or Territory Government issued ID card
	showing your date of birth, signature and photo
Residential address	foreign Government issued ID card
A PO Box/RMB/Locked Bag is not acceptable.  Property/Building name (if applicable)	showing your date of birth, signature and photo.
Troperty/building name (if applicable)	Group 2
Unit Street number	If you can't provide anything from Group 1, then provide a certified
Street number	copy of one of the following:
Street name	Australian or foreign government issued birth certificate
Silect Harrie	Australian or foreign government issued citizenship certificate
Suburb State	Centrelink pension or health card
	please copy the front and back.
Post code Country	PLUS provide a certified copy of one of the following:
- Secretary	
Description of the second	a Government issued notice
Beneficial owner 4	one which shows your name and residential address, not more than 12 months old
Title Full given names	
	J
Surname/Company name	7

	4. SIGNING INSTRUCTIONS
a rates or utilities notice	Individual Trustee: where the investment has one individual trustee,
one which shows your name and residential address, not more	the trustee must sign.
than 3 months old  ATO notice	Multiple trustees: where the investment has more than one individual trustee, all trustees must sign.
one which shows any debt owing to the ATO, your name and	Corporate trustee: where the company has a sole director who is also
residential address, not more than 12 months old.	the sole company secretary, this form must be signed by that person.
For each corporate beneficial owner please provide:	If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also
a completed Identification form – Australian and Foreign companies, plus any relevant identification.	sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate
3.2.6 (b) Voting rights	the capacity in which the form is signed.
If there are any other individuals, who have not been listed above in section 3.2.6 (a), and who are entitled, either directly or indirectly, to	Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.
exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.	Power of Attorney: if signing under a Power of Attorney and you have
	not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of
3.2.6 (c) Senior Managing Official details	Attorney has not been rescinded or revoked and that the person who
If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent).	gave the Power of Attorney is still living.
Title Full given names/Full company name	Signature of trustee 1, director or authorised signatory
Surname	
	Please print full name
Date of birth (DD/MM/YYYY)	L Date (DD/MM/YYYY)
DD / MMI / YYYY	/ / / / / / / / / / / / / / / / / / /
Nature of business	Company officer (please indicate company canacity)
	Company officer (please indicate company capacity)  Director
Company title	Sole director and company secretary
	Authorised signatory
Residential address  A DO Rev/DMR/Locked Reg is not assentable.	
A PO Box/RMB/Locked Bag is not acceptable.  Property/Building name (if applicable)	Signature of trustee 2, director/company secretary or authorised signatory
Troperty, balloting flattle (if applicable)	Signatory
Unit Street number	
	Please print full name
Street name	
	Date (DD/MM/YYYY)
Suburb State	DD / MM / YYYY
	Company officer (please indicate company capacity)
Post code Country	Director
	Company secretary
	Authorised signatory
HELP	
Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the	
company, or that may significantly affect the company's financial	
standing.	

Verification procedure - senior managing official details

If you are unable to provide details of beneficial owners in 3.2.6 (a) above, please provide documentation showing the name of the senior managing official, as provided in this section 3.2.6 (c).



# Tax information form

# Why you need to complete this form

The Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) are regulatory requirements that aim to deter tax evasion by US and other foreign taxpayers. The Australian and many other foreign Governments (through their tax offices) have an agreement which means we must ask you, and you must answer, these questions. Information we gather is reported to the Australian Taxation Office (ATO) and in turn to global tax authorities. For more information, visit ato.gov.au.

If you are unsure of any of the answers, please contact a legal or accounting professional.

## Which sections of the form should you complete?

- Superannuation funds, testamentary trusts, registered charities Section 1
- Individuals Section 2
- Companies and other trusts Section 3

### What if more than one person is applying?

Each individual investor will need to complete a copy of this form.

#### HELP

## Tell me about tax residence

You can be a resident of more than one country for tax purposes. Whether you are tax resident of a particular country for tax purposes is often based on the amount of time you spend in a country and the location of your residence and/or place of work. If you pay tax or have a tax liability somewhere, you are probably a tax resident there. Dual citizenship often brings dual tax residency. It depends on the country. For the US, tax residency can be as a result of citizenship or residency for tax purposes.

If you're unsure, ask someone who knows, usually your accountant.

SECTION 1	
SUPFRAN	
NUATION	
FUNDS A	
TO QUA	
THER S	
PECIAL	
TRUSTS	

1.	Are you a superannuation or other special type of trust?			
	I am the trustee of a regulated superannuation fund, or this includes a self-managed superannuation fund I am a trustee of a testamentary trust, or	HELP Regulated superannuation fund: means self-managed superannuation funds, APRA regulated superannuation funds, Australian Government or semi- government superannuation funds and pooled super trusts. Testamentary trust: this is a trustee of a trust set up in a deceased's will.		
	I am a trustee of a registered charity			
	<ul> <li>Where to now?</li> <li>I ticked a box ▶ go to Section 4 Signatures</li> <li>I did not tick a box ▶ go to Section 2 if you are an individual, or Section 3 if you are a company or another type of trust</li> </ul>			
SEC	SECTION 2 INDIVIDUALS			
Do r	not complete Section 2 if you are a non-superannuation trustee or	you are a company ▶ complete Section 3 instead.		
2.	Are you a US resident for tax purposes?	HELP		
	No ▶ go to question 3  Yes – please tell us your TIN ▶ go to question 3	What is a TIN?  This is short for Taxpayer Identification Number, an identification number issued or used by tax authorities. In Australia, the equivalent is the tax file number (TFN). For the US, it could for example be a US Social Security Number, a US Individual Taxpayer Identification Number or a US Employee		
1IT	N	Identification Number. In other countries, it may have a different name.		

No ▶ go to Section 4 Signatures  Yes – please tell us which ones, using the following table.  ▶ then go to Section 4 Signatures	<ul> <li>#1 This country does not issue TINs</li> <li>#2 I have asked for a TIN, but have not yet been given one – you must tell us when received</li> <li>#3 The laws of this country do not require me to disclose my TIN</li> <li>#4 I have an exemption under the laws of this country from holding a TIN – write a code or give us details</li> </ul>
Country  1. 2. 3. 4.  SECTION 3 COMPANIES AND NON-SUPERANNUATION TR	No TIN? Which reason?See HELP box above
<ul> <li>4. Are you a US resident for tax purposes?</li> <li>No ▶ go to question 5</li> <li>Yes – please tell us your TIN ▶ then go to question 5</li> <li>TIN</li> </ul>	HELP What is a TIN? See HELP box on the previous page.
<ul> <li>5. Are you a resident of any other country for tax purposes? Other than the US or Australia.</li> <li>No ▶ go to question 6</li> <li>Yes – please tell us which ones, using the following table.</li> <li>▶ then go to question 6</li> </ul>	HELP  No TIN? Reasons we accept are: #1 This country does not issue TINs #2 I have asked for a TIN, but have not yet been given one – you must tell us when received #3 The laws of this country do not require me to disclose my TIN #4 I have an exemption under the laws of this country from holding a TIN – write a code or give us details

HELP

No TIN? Reasons we accept are:

3. Are you a resident of any other country for tax purposes?

Other than the US or Australia.

Country	TIN	No TIN? Which reason? See HELP box above
1.		
2.		
3.		
4.		

6. Are you a 'financial institution'?	HELP
Be careful – financial Institution is broadly defined – see HELP box	What is a GIIN?
Not relevant - I wrote my TIN in question 4 ▶ go to question 7	This stands for Global Intermedian long, issued by US tax authorities (sponsoring entities for purposes o
No ▶ go to question 7	US tax laws (called FATCA).
Yes – please tell us your GIIN – see HELP box	HELP What is a financial institution? This includes:
GIIN	<ul><li>an investment entity - any ent</li></ul>
Where to now?  I ticked YES and completed my GIIN ▶ go to question 7  I ticked YES but did not write a GIIN − tell us below why you did not write a GIIN ▶ then go to question 7  Excepted Financial Institution  Deemed Compliant Financial Institution  Exempt Beneficial Owner  Non-participating Financial Institution  Non-reporting IGA Financial Institution  Sponsored financial institution − their GIIN is  GIIN	for or on behalf of a customer  - 'trading in money market  - 'individual and collective p  - 'investing, administering, other persons'.  However, any trading, investing assets on behalf of other persons is an investment entity.  An entity is also an investment is an investment entity.  An investment entity is gener trust's gross income is primar trading in financial assets and financial institution in its own business of trading, investing, on behalf of other persons.  So, as general rules:  - managed investment sch  - trusts with professional corporate investment maunregistered (wholesale)  - discretionary family trusts
7. Are you a public company listed on a stock exchange?	they have someone man The ATO gives some help in unsure:
No ▶ go to question 8  Yes ▶ go to Section 4 Signatures	ato.gov.au/General/Internaticarrangements/FATCA-detaile a depository institution you accept deposits in the ord e.g. a bank a custodial institution a substantial portion of your b held in financial assets for the certain prescribed entities e.g. types of insurance compa
	HELP
8. Are you 'active' or 'passive'?	What is 'active' and 'passive'?  If you are answering this ques
☐ I am an 'active' non financial entity ▶ go to Section 4 Signatures	
I am a 'passive' non financial entity ▶ go to question 9	information from passive non- Please tell us if you are active

y Identification Number. GIINs are 19 digits (the IRS) to non US financial institutions and f identifying their registration with the IRS under

- tity that conducts certain activities or operations , including:
  - instruments' and other relevant instruments
  - portfolio management'
  - or managing funds or money on behalf of

ng, administering or managing of financial ons must be done as a business. Note that de direct interests in real property.

t entity if it is managed by another entity that

ally only capable of including a trust if the rily attributable to investing, reinvesting, or the trust is managed by an entity that is a right or otherwise is primarily conducting a managing or administering financial assets

- emes are investment entities
- orporate trustees (and often professional anagers) often are investment entities, such as managed investment schemes
- s are not usually investment entities, even if aging the trust's assets for them.

this, and it's worth seeking advice if you are

onal-tax-agreements/In-detail/Internationaled-quidance

dinary course of a banking or similar business

ousiness (20 per cent plus of gross income) is account of others e.g. a custodian

nies that have cash value products or annuities.

- tion, then relevant tax laws categorise you as a
- om active non-financial entities, and more -financial entities.
- or passive.
- You are active if you are not passive.
- Passive: because our income and assets are mostly passive. During the previous financial year, 50% or more of our gross income was passive income and 50% or more of our assets during that financial year were assets that produced or were held for the production of passive income. Passive assets are assets such as equities and debt securities that produce investment income such as dividends, interests, royalties and annuities.
- Passive: because we are not really a business. We are established and operated exclusively for: religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; as a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league; or as an organisation operated exclusively for the promotion of social welfare.
- Passive: because we are exempt from Australian income tax.
- Other categories of passive? They exist but are less common.

Get advice if you are unsure.

9. Do you have any 'controlling persons' who are resident of	HELP
another country for tax purposes?	Controlling persons
I am passive, and YES I do have controlling persons who are	<ul> <li>Controlling persons are the natural persons who:</li> <li>are residents of another country for tax purposes, and</li> </ul>
resident of another country for tax purposes	<ul> <li>exercise practical control over you.</li> </ul>
Complete the controlling persons details in the table below	<ul> <li>When thinking about control, start by thinking about the people who have</li> </ul>
▶ then go to Section 4 Signatures.	ownership interests:  - if you are a company, think first about shareholders
If there is not enough room in the table, please copy the page and attach it to your completed form.	- if you are a discretionary trust, list the beneficiaries who were paid a
attacinit to your completed form.	distribution this financial year
I am passive, but NO I do not have controlling persons who	<ul> <li>if you are trustee of a deceased estate, the executor is usually the person in control</li> </ul>
are resident of another country for tax purposes	- if you are another type of trust (perhaps a unitised investment
It would be unusual to think of no-one. Please read the HELP box.  If you're sure ▶ go to Section 4 Signatures.	trust), think first about the unit holders or beneficiaries, and also consider the role of any 'settlor'.
if you're sure P go to section 4 signatures.	■ For companies, use 25% as a touchstone – if a person holds 25% of more
	of the issued capital or voting rights, best to list them.
	For trusts (other than discretionary trusts), law requires that you list all
	beneficiaries, and also requires that you drill down through the chain of control or ownership to find the natural persons that ultimately control the
	trust.
	<ul> <li>Where no natural persons exercise control through ownership, consider</li> </ul>
	who might exercise control through other means – directors and perhaps senior managing officials.
6	6
Controlling person	Controlling person
Title Given names	Title Given names
Surname	Surname
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
City and country of birth	City and country of birth
Residential address	Residential address
Number Street name	Number Street name
Suburb/City State	Suburb/City State
Post code/Zip Country	Post code/Zip Country
1 ost code, Zip Coditity	r ost code, z.p — country
Country of tax TIN No TIN? Which reason?	Country of tax TIN No TIN? Which reason?
residence See HELP at questions 3	residence See HELP at questions 3
or5	or5
1.	1.
2.	2.
3.	3.
4.	4.

Controlling person	Controlling person
Title Given names	Title Given names
Surname	Surname
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
City and country of birth	City and country of birth
City and country of birth	City and country of birth
Residential address	Residential address
Number Street name	Number Street name
Trainer Streethane	
Suburb/City State	Suburb/City State
Suburb/City State	State State
Post code/Zip Country	Post code/Zip Country
Country of tax TIN No TIN? Which reason? see HELP at questions 3 or5	Country of tax TIN No TIN? Which reason? See HELP at questions 3 or5
1. 2.	1.       2.
3.	3.
4.	4.
Controlling person	Controlling person
Title Given names	Title Given names
Surname	Surname
Date of birth (DD/MM YYYY)	Date of birth (DD/MM YYYY)
	/ / /
City and country of birth	City and country of birth
City and country or birtin	City and country of birtin
Residential address  Number Street name	Residential address Number Street name
Number Succertaine	Transci Sirectiane
Suburb/City State	Suburb/City State
Suburb/City State	Suburb/City State
Post code/Zip Country	Post code/Zip Country
· · · · · · · · · · · · · · · · · · ·	
Country of tax TIN No TIN2 Which reason2	Country of tax TIN No TIN2 Which reason?
Country of tax TIN No TIN? Which reason? see HELP at questions 3	Country of tax TIN No TIN? Which reason? See HELP at questions 3
residence See HELP at questions 3 or 5	residence See HELP at questions 3 or5
residence See HELP at questions 3	residence See HELP at questions 3
residence See HELP at questions 3 or 5	residence See HELP at questions 3 or 5

### SECTION 4 SIGNATURES

## Important information

Nothing in this form is advice (and any 'help' is general guidance only). Seek professional advice to be sure of your answers.

It is a condition of investing that you keep your details (including tax details) with us, up to date. We recommend that you review this tax information form at the end of the financial year and update your details if required. You must contact us when you learn new things about the matters in this form. Failing to update us can have tax and other consequences. You can update us by requesting and completing this form again and emailing, faxing or posting it to our Administrator.

By completing and signing this form:

- you represent having read and understood this form
- you represent this form is complete and accurate
- if you have applied for but not received your TIN or GIIN, you undertake to inform us within 30 days of receiving it
- you undertake that if information in this form changes, you will tell us within 30 days.

## How to sign

Individual: sign in the left box, and have someone witness in the right box. If you are investing jointly, you need a separate form for each individual.

Company: two directors, or a director and a secretary sign, or if you are a sole director company, that sole director signs in the left box and a witness in the right box.

the right box.	
Signature	Signature
Please print full name	Please print full name
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)