

This form to be used by State and Public Trustees acting on behalf of an individual person

In accordance with the Australian 'Anti Money Laundering and Counter Terrorism Financing Act 2006 (Cwlth)', organisations that provide specified financial services must carry out identification procedures commonly known as 'Know your Customer' or KYC to verify the identity of the customer. This requirement applies equally to individuals and non-individuals and extends in some circumstances to beneficial owners and controlling persons. Customers requesting a designated service will be asked to provide personal information as well as providing identification evidence.

Which type of investor are you and which section of the form should you complete?

The amount of information you need to provide depends upon your Investor type. You need only complete the section(s) of the form that relate to your particular Investor type and circumstances, as follows:

Investor Type	Form
Individual	Individual (Complete one form for each joint individual holder)
Individual Minor	Individual Minor (Complete one form for each joint individual minor holder or account designation held for one or more minors.)
Deceased Person	Deceased (Complete the deceased individual form) Note: where the holding was held with one or more joint holders, the assets of the deceased will transfer automatically to the surviving joint holders.
Bankrupt	Individual (Complete one form for each joint individual holder)

What do you need to do?

1. Complete the appropriate form or forms for your Investor Type by typing it, or handwriting in blue or black pen ink. Do not use correction fluid/tape or pencil. Please initial all corrections. Complete one form for each Investor.
2. **Include originally certified copies** of identity documents as specified on each form or provide details to allow for eVerification of identity. A list of people who can certify documents is on the other side of this page. **Do not** send original documents as they may get lost. Certified copies of documents will not be returned to you.
3. Each Acting Authority/Authorised Representative e.g. Agent, Power of Attorney, Guardian etc. acting on behalf of an Individual Investor must provide supporting documentation.
4. Attach all of the relevant documents to the front of the transfer, transmission, sale authority form, or application form and mail to:

Link Market Services Limited
 Registry Operations – AML/CTF Processing
 Locked Bag A14
 SYDNEY SOUTH NSW 1235
 AUSTRALIA

Identification documents and eVerification (electronic verification of identity)

Link can verify the identity of Australian and New Zealand individuals electronically using government issued identity documents such as passports and driver's licences. If you consent to your identity being verified electronically, complete the identity documents section on the form for your investor type(s). It is important that we receive all of the completed forms and identity document details or we may not be able to verify your identity. Please choose option 1, 2 or 3 in the Identification Documents section of each form you complete. If you are unable to provide the requested identity documents, please contact us for a list of alternatives that we can accept.

Who can certify identity documents for you?

'Certified' means a document has been certified as a true copy of a complete original document ('certified copy'); or a true copy of some of the information contained in a complete original document ('certified extract').

The following persons are authorised to certify documents under the AML/CTF Rules (Chapter 1, Part 1.2 "certified copy").

1. A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the *Statutory Declarations Regulations 2018*;
2. 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);
3. A person listed in Part 2 of Schedule 2 of the *Statutory Declarations Regulations 2018*. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service', this should be read as '2 or more years of continuous service';
4. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
5. An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees
6. A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents [such as: a notary public of JP].

7. In addition, Link will accept certifications from a person in a foreign country who holds an equivalent role in the foreign country to a person in Australia, specified in Parts 1 and 2 below.

In the following lists items 101 to 112 (Part 1) and items 201 to 238 (Part 2) are extracted from Schedule 2 of the *Statutory Declarations Regulations 2018*.

Certified documents will **not be** returned to the customer.

Part 1 - Occupations

Item	Foreign Equivalent	Occupations
101		Chiropractor
102		Dentist
103	✓	Legal practitioner
104	✓	Medical practitioner
105		Nurse
106		Optometrist
107		Patent attorney
108		Pharmacist
109		Physiotherapist
110		Psychologist
111		Trade marks attorney
112		Veterinary surgeon

Part 2 Other persons

Item	Foreign Equivalent	Person
201		Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
202	✓	Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the <i>Consular Fees Act 1955</i>)
203		Bailiff
204		Bank officer with 5 or more continuous years of service
205		Building society officer with 5 or more years of continuous service
206		Chief executive officer of a Commonwealth court
207	✓	Clerk of a court
208	✓	Commissioner for Affidavits
209	✓	Commissioner for Declarations
210		Credit union officer with 5 or more years of continuous service
211		Employee of the Australian Trade Commission who is: (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (d) of the <i>Consular Fees Act 1955</i> ; and (c) exercising the employee's function at that place
212	✓	Employee of the Commonwealth who is: (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (c) of the <i>Consular Fees Act 1955</i> ; and (c) exercising the employee's function at that place
213		Fellow of the National Tax Accountants' Association
214		Finance company officer with 5 or more years of continuous service
215		Holder of a statutory office not specified in another item in this Part
216	✓	Judge
217	✓	Justice of the Peace
218	✓	Magistrate
219	✓	Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the <i>Marriage Act 1961</i>
220		Master of a court
221		Member of Chartered Secretaries Australia
222		Member of Engineers Australia, other than at the grade of student
223		Member of the Association of Taxation and Management Accountants
224	✓	Member of the Australian Defence Force who is: (a) an officer; or

		(b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
		(c) a warrant officer within the meaning of that Act
225		Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
226	✓	Member of:
		(a) the Parliament of the Commonwealth; or
		(b) the Parliament of a State; or
		(c) a Territory legislature; or
		(d) a local government authority
227	✓	Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
228	✓	Notary public
229		Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
230		Permanent employee of:
		(a) the Commonwealth or a Commonwealth authority; or
		(b) a State or Territory or a State or Territory authority; or
		(c) a local government authority
		with 5 or more years of continuous service who is not specified in another item in this Part
231	✓	Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
232	✓	Police officer
233	✓	Registrar, or Deputy Registrar, of a court
234		Senior Executive Service employee of:
		(a) the Commonwealth or a Commonwealth authority; or
		(b) a State or Territory or a State or Territory authority
235		Sheriff
236		Sheriff's officer
237		Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution
238		Member of the Australasian Institute of Mining and Metallurgy

Personal Information Collection Notification Statement: Link Group advises that the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* ("AML/CTF Act") requires that personal information about you (including but not restricted to, your name, address, date of birth and country of origin) be collected and verified before a designated service is provided to you. The information collected complies with the rules of the AML/CTF Act. Some or all of your personal information may be disclosed to the AML/CTF regulator – AUSTRAC, Commonwealth government agencies, law enforcement agencies, or as required under other Australian law. Link Group may request additional information from you before providing you with the requested designated service. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group privacy policy.

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Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

Section 1 Individual Identification Details - provide Legal Name details

First Name	Middle Name(s)		
Surname/Family Name	Date of Birth		
Residential Street Address (Do not use a PO Box or C/- Address)			
Suburb/Town/City	State/Territory/County/Region	Post/Zip code	Country (if not Australia)
Other Names known by (Alias, Anglicised or short-name if reflected as such in the register)		Primary Occupation or Business Activity or Industry Sector	
Country of Residency (other than Australia)		Country of Citizenship (other than Australia)	

Section 2 – to be completed by all Investors.

Section 2 Sole Trader

If the individual investor is a sole trader, please provide the following additional information.

Trading or Business Name			
Business Street Address (Do not use PO Box or C/- address)			
Suburb/Town/City	State/Territory/County/Region	Post/Zip code	Country (if not Australia)
Primary Business Activity			Australian Business Number (ABN)

Section 3 – to be completed by a person authorised to Act for the Individual.

Section 3 State or Public Trustee Organisation as Authorised Representative

Full Name of person representing the Trustee Organisation	
Full Name of the Trustee Organisation	Trustee Organisation's ABN Number
Street Address (Do not use a PO Box or C/- Address)	Date Appointed as Representative or Authority
<p>I have attached a copy of the <u>trustee organisation's</u> authorisation to Act on behalf of the Investor. (Tick from list below)</p> <p>I have attached the authorised signatory list.</p> <p>I have completed section 4 and provided identity evidence for the individual</p>	
	Power of Attorney
	Guardian
	Other - Specify

Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	Authorisation to Act
	Financial Management Order OR Certificate (e.g. NSW s122)
	Power of Attorney
	Guardianship Orders OR Certificate (e.g. NSW s122)
	Other, please specify:

Section 4

Identification Documents

Please complete either Option 1, Option 2 or Option 3 and attach the applicable document(s). Please **DO NOT** attach original documents. If you select option 2 or 3, send only **certified copies** of original documents. Documents will not be returned. If you select Option 1 relating to eVerification (verifying your identity electronically) then copies of identity documents do not need to be certified.

Option 1 – eVerification - Please select at least 2 documents

Tick ✓	Primary photographic identity document
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By submitting identity document details on this page, the signing individual agrees that:

- he/she is authorised to provide the identity documents or information for the individuals specified on this form; and
- he/she understands that the identity document details will be checked against records held by the Issuer or Official Record Holder.

Full Name - Individual Underlying Person being represented by the Trustee Organisation

Residential Street Address

Suburb/Town

State/Territory Post Code / Zip Code

Date of Birth DD/MM/YYYY

DD / MM / YYYY

Country (if not Australia)

Note: Please provide the name and address that is reflected on the identification documents or with the document issuer. This may at times be different to the details in the security issuer's register.

I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Select 2 choices and complete the document details below exactly as shown on the document. At least one of your choices must be a driver's licence or passport

Australian passport

Australian Electoral Roll (AEC)

Medicare card Ref. Nbr: _____

Australian ImmiCard

Green Blue Yellow

New Zealand passport

Australian citizenship certificate

New Zealand driver's licence

Centrelink Pension Card or Healthcare Card

Version Nbr: _____

Australian driver's licence issued by a state or territory

New Zealand birth certificate

New Zealand citizenship certificate

State/Territory of Issue

Driver's licence card number

Document Number: e.g. DL number

Expiry Date

Note: For a driver's licence, please provide both the DL card number and the DL number.

DD / MM / YYYY

Option 2 – Please attach at least 1 document

Tick ✓	Primary Identity Documents (certified) - please attached at least 1 document
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Note: Foreign language documents are to be accompanied by an English translation)

Drivers Licence (Not expired)

Australian Passport (current or expired in the last 2 years)

International Travel Document – foreign passport (Not expired)

Proof of Age Card (Not expired)

National Identity Card (Not expired)

Birth Certificate or Extract of Birth - Australian or Foreign

Citizenship Certificate - Australian or Foreign

Option 3 – Please attach at least two documents

Tick ✓	Alternative Identity Documents where a primary document is not available
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Note: Foreign language documents are to be accompanied by an English translation)

Medicare Card or Medicare refund notice (doctor/service details redacted)

A Commonwealth of Australia Pension card or Healthcare card including a Veteran's Affairs card

A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months

An income tax assessment notice issued within the last 12 months (TFN and income/tax information redacted)

A local government notice or public organisation notice e.g. rates notice, stamp duty notice, insurance, vehicle registration, bank statement etc. (In the case of a bank statement the account number, transaction and balance information redacted)

Authorised Representative

Date

DD / MM / YYYY



Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

Section 1 Individual Identification Details - provide Legal Name details

First Name Middle Name(s)

Surname/Family Name Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

Suburb/Town/City State/Territory/County/Region Post/Zip code Country (if not Australia)

Other Names known by (Alias, Anglicised or short-name if reflected as such in the register) Primary Occupation or Business Activity or Industry Sector

Country of Residency (other than Australia) Country of Citizenship (other than Australia)

Section 2 – to be completed by a person authorised to Act for the Individual.

Section 2 State or Public Trustee Organisation as Authorised Representative

Full Name of person representing the Trustee Organisation

Full Name of the Trustee Organisation Trustee Organisation's ABN Number

Street Address (Do not use a PO Box or C/- Address) Date Appointed as Representative or Authority

I have attached a copy of the trustee organisation's authorisation to Act on behalf of the Investor. (Tick from list below) Power of Attorney

In the case of a minor, I have attached a certified copy of the minor's full birth certificate OR I have completed section 3 on the next page. Guardian

I have attached the authorised signatory list. Other - Specify

Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	Authorisation to Act
<input type="checkbox"/>	Financial Management Order OR Certificate (e.g. NSW s122)
<input type="checkbox"/>	Power of Attorney
<input type="checkbox"/>	Guardianship Orders OR Certificate (e.g. NSW s122)
<input type="checkbox"/>	Minor's full birth certificate showing the legal name of the minor (Required IF there are no other identity documents available for the minor at section 3)
<input type="checkbox"/>	Other, please specify: <input type="text"/>

Note: If you are able to provide a copy of the minor's full birth certificate as requested above, then no other identification documents in section 3 on the next page will be required. Please just sign the form as the authorised representative.

Section 3

Identification Documents

Please complete either Option 1, Option 2 or Option 3 and attach the applicable document(s). Please **DO NOT** attach original documents. If you select option 2 or 3, send only **certified copies** of original documents. Documents will not be returned. If you select Option 1 relating to eVerification (verifying your identity electronically) then copies of identity documents do not need to be certified.

Option 1 – eVerification - Please select at least 2 documents

Tick ✓ Primary photographic identity document

By submitting identity document details on this page, the signing individual agrees that:

- he/she is authorised to provide the identity documents or information for the individuals specified on this form; and
- he/she understands that the identity document details will be checked against records held by the Issuer or Official Record Holder.

Full Name - Individual Underlying Person being represented by the Trustee Organisation

Residential Street Address

Suburb/Town State/Territory Post Code / Zip Code

Date of Birth DD/MM/YYYY

DD / MM / YYYY

Country (if not Australia)

Note: Please provide the name and address that is reflected on the identification documents or with the document issuer. This may at times be different to the details in the security issuer's register.

I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Select 2 choices and complete the document details below exactly as shown on the document. At least one of your choices must be a driver's licence or passport.

- | | |
|---|--|
| Australian passport | Australian Electoral Roll (AEC) |
| Medicare card Ref. Nbr: _____
Green Blue Yellow | Australian ImmiCard |
| Australian citizenship certificate | New Zealand passport |
| Centrelink Pension Card or Healthcare Card | New Zealand driver's licence
Version Nbr: _____ |
| Australian driver's licence issued
by a state or territory | New Zealand birth certificate |
| | New Zealand citizenship certificate |

State/Territory of Issue

Driver's licence card number

Document Number: e.g. DL number

Expiry Date

State/Territory of Issue

DD / MM / YYYY

Note: For a driver's licence, please provide both the DL card number and the DL number.

Option 2 – Please attach at least 1 document

Tick ✓ Primary Identity Documents (certified) - please attached at least 1 document

Note: Foreign language documents are to be accompanied by an English translation

- Drivers Licence (Not expired)
- Australian Passport (current or expired in the last 2 years)
- International Travel Document – foreign passport (Not expired)
- Proof of Age Card (Not expired)
- National Identity Card (Not expired)
- Citizenship Certificate - Australian or Foreign
- In relation to a minor (under 18 years of age) a full birth certificate (Required IF there are no other identity documents available for the minor)

Option 3 – Please attach at least two documents

Tick ✓ Alternative Identity Documents where a primary document is not available

Note: Foreign language documents are to be accompanied by an English translation

- Extract of birth or NSW Birth Card, or equivalent
- Medicare Card or Medicare refund notice (doctor/service details redacted)
- A Commonwealth of Australia Pension card or Healthcare card including a Veteran's Affairs card
- A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months
- An income tax assessment notice issued within the last 12 months (TFN and income/tax information redacted)
- A local government notice or public organisation notice e.g. rates notice, stamp duty notice, insurance, vehicle registration, bank statement etc. (In the case of a bank statement the account number, transaction and balance information redacted)

Section 3 – to be completed by all Investors.

Authorised Representative

Date

DD / MM / YYYY

Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

Section 1 Deceased Individual Identification Details

First Name	Middle Name(s)		
Surname/Family Name	Date of Birth		
	DD	MM	YYYY
Residential Street Address (Do not use a PO Box or C/- Address)			
Suburb/Town/City	State/Territory/County/Region	Post/Zip code	Country (if not Australia)
Other Names known by (Alias, Anglicised or short-name if reflected as such in the register)		Primary Occupation or Business Activity or Industry Sector	
Country of Residency (other than Australia)		Country of Citizenship (other than Australia)	
Date of Death			
DD / MM / YYYY			

Section 2 – to be completed by a person authorised to Act for the Individual.

Section 2 State or Public Trustee Organisation as Authorised Representative

Full Name of person representing the Trustee Organisation	
Full Name of the Trustee Organisation	Trustee Organisation's ABN Number
Street Address (Do not use a PO Box or C/- Address)	Date Appointed as Representative or Authority
	DD / MM / YYYY

- I have attached a copy of the trustee organisation's authorisation to Act on behalf of the deceased. (Tick from list below)
- I have attached a copy of the death certificate.
- I have attached the authorised signatory list.

Executor
Administrator

Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	Authorisation to Act
	Grant of Probate OR Certificate (e.g. NSW s122)
	Letters of Administrator OR Certificate (e.g. NSW s122)
	Copy of the signing page and the page from the deceased's Will nominating the Trustee Organisation to represent the estate if a Grant of Probate or Letters of Administration has not yet been executed.

Authorised Representative	Date
	DD / MM / YYYY