

GUIDE TO COMPLETING THIS FORM

- o This form is required for any entity that is required to confirm:
 - a) Its FATCA status (FATCA = Foreign Account Tax Compliance Act),
 - b) Its CRS status (CRS = Common Reporting Standard), or
 - c) Whether it or any of its controlling persons are foreign tax residents, or
- o An entity can be a company, trust, partnership, association, registered co-operative or government body.
- o Complete one form for each entity. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from an authorised representative of the entity
- o Contact your licensee if you have any queries.

SECTION 1: ENTITY DETAILS

1.1 General Information

Full name

ACN or other registration number

Registered address or principal place of business (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

SECTION 2: TAX INFORMATION

2.1 Tax Status

Tick ☒ **one of the Tax Status boxes below** (if the entity is a Financial Institution, please provide all the requested information below)

- ☐ **A Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select ☒ **ONE** of the following statuses)

- ☐ Deemed Compliant Financial Institution
- ☐ Excepted Financial Institution
- ☐ Exempt Beneficial Owner
- ☐ Non Reporting IGA Financial Institution
(If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)
- ☐ Nonparticipating Financial Institution
- ☐ US Financial Institution
- ☐ Other (describe the FATCA status in the box provided)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes ☐ No ☐

If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

- ☐ **A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate**

If the entity type is listed above, please proceed to section 3 to complete the form.

- ☐ **A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the entity is a Foreign Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

- ☐ **Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Controlling Persons).

2.2 Foreign Controlling Persons (Individuals)

Does the entity have any Controlling Persons* who are tax residents of countries other than Australia? Yes ☐ No ☐

* A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership this includes any partners.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as Beneficial Owner).

Full given name(s)	Surname	Role (such as Director or Senior Managing Official)

If there are more Controlling Persons, provide details on a separate sheet and tick this box. ☐.

Proceed to section 2.3.

2.3 Country of Tax Residency

Is the entity a tax resident of a country other than Australia? Yes ☐ No ☐

If Yes, please provide the entities' country of tax residence and tax identification number (TIN) or equivalent below. If the entity is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country		TIN		If no TIN, list reason A, B or C	
2. Country		TIN		If no TIN, list reason A, B or C	
3. Country		TIN		If no TIN, list reason A, B or C	

If there are more countries, provide details on a separate sheet and tick this box. ☐.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The entity has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: DECLARATION**IMPORTANT NOTE:**

→ Complete the Declaration section below (either an authorised representative of the entity or their financial planner to sign)

By completing and signing this declaration I certify that the information I have provided is true and correct.

ENTITY DECLARATION (To be completed by an authorised representative of the entity, such as a Director or Trustee)

Representative Name			
Capacity (Company Director, Trustee, etc.)			
Signature		Date	

OR

FINANCIAL PLANNER DECLARATION

I certify that an authorised representative of the entity has verbally or in writing confirmed to me the truth of the information provided and I have no reason to doubt its reasonableness.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date