

GUIDE TO COMPLETING THIS FORM

- This form is for ASSOCIATIONS only.
- Tax information must be collected from an authorised representative of the Association

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Association

Full name of the following (or equivalent in each case):

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Secretary	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Treasurer	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Provide an ID number issued on incorporation (e.g. registration/ incorporation number) (if any)

1.2 Association Type (select ✓ only ONE of the following categories)

- Incorporated Association** *Proceed to 1.3*
- Unincorporated Association** *If unincorporated, provide the details below of the member who is signing on behalf of the Association and provide a legible certified copy of ID for this individual and then proceed to 1.3*

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Address (PO Box is NOT acceptable)

Street	<input style="width: 95%; height: 25px;" type="text"/>		
Suburb	State	Postcode	Country
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>

Date of Birth (dd/mm/yyyy)

1.3 All Associations (select ✓ and provide ONE of the following)

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.

Principal place of administration

Address (PO Box is NOT acceptable)

Street	<input style="width: 95%; height: 25px;" type="text"/>		
Suburb	State	Postcode	Country
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>

Registered office

Address (PO Box is NOT acceptable)

Street	<input style="width: 95%; height: 25px;" type="text"/>		
Suburb	State	Postcode	Country
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>

Name & Residential address of the public officer (or president, secretary or treasurer if there is no public officer)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

1.4 Beneficial Ownership

Provide the names of the individual members that directly or indirectly control* the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; power of veto; or entitlement on dissolution to 25% or more of the Association's property.

Complete all fields below and provide a legible certified copy of ID for each individual (unless you have already provided this for the Member named in section 1.2).

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
Residential Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>	Residential Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>	Residential Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>
Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>
Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>
Date of Birth <input type="text"/>	Date of Birth <input type="text"/>	Date of Birth <input type="text"/>
Role (such as Chairman or President) <input type="text"/>	Role (such as Chairman or President) <input type="text"/>	Role (such as Chairman or President) <input type="text"/>

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

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Association a tax resident of a country other than Australia? Yes No
(An Association created or established under the laws of a country other than Australia)

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

If No, proceed to section 3.

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	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

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 Association has not been issued with a TIN

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

SECTION 3: ASSOCIATION VERIFICATION

This section outlines the identification documents that we must collect from you and it differs depending on Association type. If you do not provide the documents we may not be able to process your application.

Section 3.1: Documentation Requirements for Association Verification

Cross 'X'	Please mark with a 'X' one of the following options which you are providing to enable us to verify the Association. You must select one option and attach it to your application form.
<input type="checkbox"/>	For incorporated Associations, provide Information from ASIC or the government body responsible for the incorporation of the Association OR an original certified copy of the Constitution/ Rules of the Association which evidences the full name of the Association and its identifying number issued upon its incorporation
<input type="checkbox"/>	For unincorporated Associations, provide an original certified copy of the Constitution/ Rules of the Association which evidences the full name of the Association.

Section 3.2: Documentation Requirements for Individual Verification

Cross 'X'	For the individual member listed in 1.2 (only for unincorporated associations) and all beneficial owners listed in 1.4, you must provide an original certified copy of one of the following types of identification documents for each person.* Please attach each identification copy to your application form.
<input type="checkbox"/>	<ul style="list-style-type: none">• Australian State / Territory driver's licence containing a photograph of the person• Australian passport (a passport that has expired within the preceding 2 years is acceptable)• Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person• Foreign passport or similar travel document containing a photograph and the signature of the person

* For other identification documentation options, instructions on how to certify a document, and who can certify copies of identification documents please refer to the Customer ID form for individuals which is available on our website at ssga.com