

GUIDE TO COMPLETING THIS FORM

- o This form is for PARTNERSHIPS only.
- o Tax information must be collected from an authorised representative of the Partnership

SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Partnership

Registered business name of Partnership (if any)

Country where Partnership established (if not established in Australia)

1.2 Partner Details

Provide the following details for one of the Partners AND provide a legible certified copy of ID for this Partner.

Full given name(s)/ Business name Surname

Date of Birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

1.3 Type of Partnership

Is the Partnership regulated by a professional association?

Yes (Provide details below)

Provide name of association

Provide membership details

No (If the Partnership is not regulated by a professional association, provide the details below for all of the Partners (excluding the Partner that has already been named in section 1.2))

Partner 1	Partner 2	Partner 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"/>
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If there are more Partners, provide details on a separate sheet and tick this box .

1.4 Beneficial Ownership

Provide the names of the individuals who ultimately **own** 25% or more of the Partnership and any other individuals who directly or indirectly **control*** the Partnership.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices.

Complete all fields below and provide a legible certified copy of ID for each individual (unless you have already provided this for the Partner 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"/>	Suburb <input type="text"/>	Suburb <input type="text"/>
State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>	Country <input type="text"/>
Postcode <input type="text"/>	Postcode <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 Beneficial Owner or Controller) <input type="text"/>	Role (such as Beneficial Owner or Controller) <input type="text"/>	Role (such as Beneficial Owner or Controller) <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).

2.1 Tax Status

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

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

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

If the Partnership 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
- Nonparticipating Financial Institution

US Financial Institution

Other (describe the Partnership's 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>.

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 Partnership is an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

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

Please proceed to section 2.2 (Foreign Controlling Persons).

2.2 Foreign Controlling Persons

Are any of the Partnership's Controlling Persons* tax residents of countries other than Australia ? Yes No

*A Controlling Person is any individual who directly or indirectly owns or controls the Partnership and includes all Partners or Senior Managing Officials.

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 in 1.4 as a Beneficial Owner or 1.2 as the identified Partner).

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Partnership a tax resident of a country other than Australia? Yes No
(A Partnership created or established under the laws of a country other than Australia)

If the Partnership is a tax resident of a country other than Australia, please provide its tax identification number (TIN) or equivalent below. If it 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	<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 Partnership has not been issued with a TIN

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

SECTION 3: PARTNERSHIP VERIFICATION

This section outlines the identification documents that we must collect from you to verify the Partnership, a Partner and the Beneficial Owners of the Partnership. If you do not provide the documents we may not be able to process your application.

3.1: Documentation Requirements for Partnership Verification

Cross 'X'	Please mark with a 'X' one of the following options which you are providing with your application form. You must select one option and attach it to your application form.
<input type="checkbox"/>	An original, certified copy of the Partnership agreement.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months containing the name and address details of the Partnership e.g. Notice of Assessment. Block out the TFN before scanning, copying or storing this document.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association (if regulated by a professional association).
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association (if regulated by a professional association).

3.2: Documentation Requirements for Individual Verification

Cross 'X'	For the Partner detailed in section 1.2 and all Beneficial Owners listed in 1.4, you must provide a certified copy of one of the following types of identification documents* for each of these individuals. 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