## Guide for Completion of a W-8BEN-E Form





## Guide for Completion of a W-8BEN-E Form

This guide and the W-8BEN-E form are for Entities only, not Individual or Joint trading accounts.

A W-8BEN-E form must be completed if you wish to trade shares listed in the United States.

The W-8BEN-E Form is a U.S. Internal Revenue Service (IRS) form used to reflect the documentation requirements of Chapter 4 and is **only required for non-U.S. residents.** Please do not complete this form if you are a U.S. citizen or Green Card holder.

#### By completing the W-8BEN-E form, you may be eligible to pay a reduced rate of withholding tax.

Any dates must be completed in the accepted US format MM-DD-YYYY. E.g. 26th of April 2024 would be 04-26-2024).

You only need to complete a W-8BEN-E form once every three years. It remains in effect until 31st of December three years after the date of signing, unless there are any changes in your personal circumstances. E.g. A form completed on 26th of April 2024 would remain in effect until 31st of December 2027.

Neither Selfwealth nor PhillipCapital are able to provide you with any tax advice in relation to your declaration. For further advice, please contact the IRS or your tax adviser.

Please send all completed forms to support@selfwealth.com.au

Trustees = Directors with signing authority for the Corporate Trust.

Trading as a Company? Complete these sections of the form:
A sample of how to complete the W-8BEN-E form can be found on <b>pages 3-5</b> of this guide.
Part I: 1, 2, 4, 5, 6, 7, and 9b
Part III: 14a and b
Part XXV: 39, or
Part XXVI: 40a, plus b or c
Part XXX and sign in ink pen
Alterations are not allowed; please use a new form if changes are required.
Trading as an Corporate SMSF? Complete these sections of the form: A sample of how to complete the W-8BEN-E form can be found on pages 6-8 of this guide.
A sample of how to complete the W-8BEN-E form can be found on <b>pages 6-8</b> of this guide.
A sample of how to complete the W-8BEN-E form can be found on <b>pages 6-8</b> of this guide.  Only ONE Trustee is required to complete a W-8BEN-E for a Corporate SMSF Account
A sample of how to complete the W-8BEN-E form can be found on <b>pages 6-8</b> of this guide.  Only ONE Trustee is required to complete a W-8BEN-E for a Corporate SMSF Account  Part I: 1, 2, 4, 5, 6, 7, and 9b
A sample of how to complete the W-8BEN-E form can be found on <b>pages 6-8</b> of this guide.  Only ONE Trustee is required to complete a W-8BEN-E for a Corporate SMSF Account  Part I: 1, 2, 4, 5, 6, 7, and 9b  Part III: 14a and b

Version 2.2 28/08/24 Page 1 of 11



## Guide for Completion of a W-8BEN-E Form

Trading as an Individual Trustee(s) SMSF? Complete these sections of the form: A sample of how to complete the W-8BEN-E form can be found on pages 6-8 of this guide. Only ONE Trustee is required to complete a W-8BEN-E for an Individual Trustee(s) SMSF Account Part I: 1, 2, 4, 5, 6, 7, and 9b Part III: 14a and b Part XII: 26 Part XXX and sign in ink pen Alterations are not allowed; please use a new form if changes are required. Trading as a Corporate Trust? Complete these sections of the form: A sample of how to complete the W-8BEN-E form can be found on pages 9-11 of this guide. Only ONE Trustee is required to complete a W-8BEN-E for a Corporate Trust Account Part I: 1, 2, 4, 5, 6, 7, and 9b Part III: 14a and b \_\_ Part XXV: 39, or □ Part XXVI: 40a, plus b or c  $oxedsymbol{oxed}$  Part XXX and sign in ink pen Alterations are not allowed; please use a new form if changes are required. Trustees = Directors with signing authority for the Corporate Trust. Trading as an Individual Trustee(s) Trust? Complete these sections of the form: A sample of how to complete the W-8BEN-E form can be found on pages 9-11 of this guide. Only ONE Trustee is required to complete a W-8BEN-E for an Individual Trustee(s) Trust Account Part I: 1, 2, 4, 5, 6, 7, and 9b Part III: 14a and b Part XXV: 39, or Part XXVI: 40a, plus b or c Part XXX and sign in ink pen Alterations are not allowed; please use a new form if changes are required.

Please send all completed forms to support@selfwealth.com.au

Version 2.2 28/08/24 Page 2 of 11



## Sample of a Typical COMPANY Form Completion

### FOR REFERENCE ONLY

### Form W-8BEN-E

(Rev. October 2021)

Department of the Treasury

## Certificate of Status of Beneficial Owner for

United States Tax Withholding and Reporting (Entities)

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.

► Go to www.irs.gov/FormW8BENE for instructions and the latest information.

OMB No. 1545-1621

Interna	Revenue Service	► Give this form to the with	holding agent or payer. Do no	t send to the IRS.		
Do No	OT use this form fo	r:	200 A 300 A		Instead use Form:	
• U.S.	entity or U.S. citized	n or resident			W-9	
• A fo	reign individual .			W-8i	BEN (Individual) or Form 8233	
• A fo	reign individual or er	ntity claiming that income is effectively co	nnected with the conduct of	of trade or business within th	e United States	
(unle	ess claiming treaty b	enefits)			W-8ECI	
• A fo	reign partnership, a	foreign simple trust, or a foreign grantor t	rust (unless claiming treaty	benefits) (see instructions for	or exceptions) W-8IMY	
gove 501(	ernment o Name o c), 892, 81 match	nternational organization, foreign central b forganization must to Company Legal ty benefits) (see i s it is listed on ASIC a qualified interm	ely connected U.S. income	or that is claiming the applic tions)		
Pa	it Identific	cation of Beneficial Owner				
1 Name of organization that is the beneficial owner				2 Country of incorporati	on or organization	
LUCKY PTY LTD				AUSTRALIA		
3	Name of disregard	ded entity receiving the payment (if application	able, see instructions)			
4	Chapter 3 Status	(entity type) (Must check one box only):	✓ Corporation	☐ Partnership	)	
	☐ Simple trust	☐ Tax-exempt organization	Complex trust	200	overnment - Controlled Entity	
	☐ Central Bank	of Issue Private foundation	☐ Estate	<u> </u>	overnment - Integral Part	
	☐ Grantor trust	☐ Disregarded entity	☐ International organi	zation	12	
	If you entered disrega	rded entity, partnership, simple trust, or grantor tru	st above, is the entity a hybrid ma	king a treaty claim? If "Yes," comp	olete Part III.  Yes  No	
5	Chapter 4 Status	(FATCA status) (See instructions for detail	Is and complete the certific	cation below for the entity's	applicable status.)	
	FFI other than exempt benef Participating F Reporting Mo Reporting Mo Registered de FFI, sponsore See instructio Sponsored FF Certified deen Part V. Certified deen Complete Part Certified deen vehicle. Comp Certified deem Complete Part Certain investr Complete Part I (6) - Fill in the	del 1 FFI. del 2 FFI. del 2 FFI. demed-compliant FFI (other than a reporting defense for nonreporting IGA FFI covered in the second formula of the second	FI, or	ank of issue. Complete Part mal organization. Complete etirement plans. Complete F olly owned by exempt benefic financial institution. Complet nonfinancial group entity. Complete nonfinancial start-up comp nonfinancial entity in liquida	a U.S. possession, or foreign XIII.  Part XIV.  Part XV.  ial owners. Complete Part XVI.  te Part XVIII.  Complete Part XVIII.  any. Complete Part XIX.  ation or bankruptcy.  XI.  NFFE.  o determine  art XXIV.  Part XXVII.	
-	7.00	ed on the ASIC register	Account	that is not a financial accour	nt.	
6		ce address (street, apt. or suite no., or rural	route). Do not use a P.O. bo	x or in-care-of address (other	er than a registered address).	
	1 COLLINS STRE	The second secon	Only applicable to P	art I (6), you		
	A350 101	or province. Include postal code where a	can complete your Po	D Box address Country		
	MELBOURNE VI	AND	in Part I (7) if you ha	ve provided a AUSTF	ALIA	
7		f different from above)	street address in Part	: I (6)		
	PO BOX 125	or province. Include postal code where a	annronriate	Country	o .	
	MELBOURNE VI		app. opriore.	AUSTR		

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form W-8BEN-E (Rev. 10-2021)



## Sample of a Typical COMPANY Form Completion

## FOR REFERENCE ONLY

#### **EXTRACT FROM Page 2**

	V-8BEN-E (Rev. 10-2021)				Page 2		
Pa		ASSESSMENT OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE				
8	U.S. taxpayer identification number (TIN	l), if requir	red				
9a	GIIN	b Fore 12 34	ign TIN 5 678 901	c c	Check if FTIN not legally required ▶		
10	Reference number(s) (see instructions)	Part I (9b) - You may provide the ABN or ACN for the Entity in this section					
Note:	Please complete remainder of the form in	cluding si	gning the form in Part XXX				
Part	Claim of Tax Treaty Ber	nefits (if	applicable). (For cha	pter 3	purposes only.)		
14	I certify that (check all that apply):						
а	The beneficial owner is a resident of	f AUS	STRALIA		within the meaning of the income tax		
b		item (or dealing)	items) of income for whi with limitation on benefits.	The folk	treaty benefits are claimed, and, if applicable, meets the owing are types of limitation on benefits provisions that may		
	Select 14 (a) & (b)				nership and base erosion test		
	Tax-exempt pension trust or pension	n fund	https://www.irs.gov/b	ııcinecc	es/international-businesses/australia-tax-treaty-		
	Other tax-exempt organization		documents	43111033	esymtemational businesses/australia tax treaty		
	Publicly traded corporation				nefits" Article 16 requiring that the ownership of		
	Subsidiary of a publicly traded corporation		the company is at least 75% held by Australian residents and solvent company usually meets the base erosion test requirements.				
C	<ul> <li>The beneficial owner is claiming tre or business of a foreign corporation</li> </ul>				ived from a foreign corporation or interest from a U.S. trade structions).		
15	Special rates and conditions (if applic	Special rates and conditions (if applicable – see instructions):					
	The beneficial owner is claiming the pro	visions of	f Article and paragraph				
	of the treaty identified on line 14a above	e to claim	a % r	ate of wi	ithholding on (specify type of income):		
	Explain the additional conditions in the	Article the	beneficial owner meets to	o be elig	ible for the rate of withholding:		
EXT	RACT FROM Page 7						
Part	XXV Active NFFE						
39	☐ I certify that:	elect Par	t XXV (39) if Active NFFE	is selec	cted in Part I (5)		
-00	The entity identified in Part I is a foreign entity that is not a financial institution;						
	Less than 50% of such entity's gross income for the preceding calendar year is passive income; and						
	Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a second control of the production of passive income).						
					structions for the definition of passive income).		
Part	A A A A A A A A A A A A A A A A A A A				Passive NFFE is selected in Part I (5)		
40a		and is no	t certifying its status as		al institution (other than an investment entity organized in a ly traded NFFE (or affiliate), excepted territory NFFE, active		
Check	box 40b or 40c, whichever applies.						
b		tified in Pa	art I has no substantial U.S	. owners	s (or, if applicable, no controlling U.S. persons); or		
c	- 경우				ss, and TIN of each substantial U.S. owner (or, if applicable,		
-	controlling U.S. person) of the NFF			,	[1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		

Version 2.2 28/08/24 Page 4 of 11



# Sample of a Typical COMPANY Form Completion FOR REFERENCE ONLY

#### **EXTRACT FROM Page 8**

#### Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- . The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the
  conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively
  connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial f which the entity on line 1 is the beneficial owner. DATE must be completed Select to confirm that you have the capacity to sign for the entity m becomes incorrect. in MM-DD-YYYY format (e.g. 26th April 2024 I certify that I have the capacity to sign for the entity identified on line 1 of this form. Full name of the signer would be 04-26-2024) Authorised signatory to sign by hand Sign Here (digital signature not accepted) **PETER JACK JASON** 04-26-2024 Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

Version 2.2 28/08/24 Page 5 of 11



## Sample of a Typical SMSF Form Completion

#### FOR REFERENCE ONLY

## Form W-8BEN-E

(Rev. October 2021)

## Certificate of Status of Beneficial Owner for

United States Tax Withholding and Reporting (Entities)

For use by entities. Individuals must use Form W-8BEN. 
Section references are to the Internal Revenue Code.

Go to www.irs.gov/FormW8BENE for instructions and the latest information.

OMB No. 1545-1621

Interna	Revenue Service	► Give this form to the withhold	ding agent or payer. Do not	send to the IRS.		
Do No	OT use this form for	c .	#10.#1 2000ec		Instead use Form:	
• U.S.	entity or U.S. citizer	or resident			W-9	
• A fo	reign individual .			W-8	BBEN (Individual) or Form 8233	
• A fo	reign individual or er	tity claiming that income is effectively conne	ected with the conduct o	f trade or business within t	the United States	
(unle	ess claiming treaty b	anefits)			W-8EC	
• A fo	reign partnership, a	foreign simple trust, or a foreign grantor trus	t (unless claiming treaty	benefits) (see instructions t	for exceptions) W-8IMY	
<ul> <li>A for</li> </ul>	reign government, in	ternational organization, foreign central ban				
	ernment Name of S	Superannuation Fund (SMSF) must mate	nnected U.S. income of	or that is claiming the appli	icability of section(s) 115(2),	
	to the True	st Deed (Do not use any abbreviations)			W-8ECI or W-8EXP	
• Any	person to the Tru	st beed (be not use any abbreviations)	acting as a qualified	derivatives dealer)	W-8IMY	
Pa	rt Identific	cation of Beneficial Owner				
1	129c			2 Country of incorpora	tion or organization	
LUCKY SUPERANNUATION FUND			AUSTRALIA	000.00		
3	Name of disregard	ed entity receiving the payment (if applicable	le, see instructions)			
4	Chanter 2 Statue	entity type) (Must check one box only):	Corporation	☐ Partnersh	in	
*	Simple trust	Tax-exempt organization	Complex trust		overnment - Controlled Entity	
	Central Bank		Estate	200	overnment - Integral Part	
	Grantor trust	Disregarded entity	International organiz	100 C	overnment - integral Fart	
	30 TO 100	rded entity, partnership, simple trust, or grantor trust at	- 17 15 - 15 - 15 - 15 - 15 -		nplete Part III. Yes No	
5		(FATCA status) (See instructions for details a				
5		[1] - 이번 문에게 되면 있어서 (Control of Control of		ting IGA FFI. Complete Par		
	<ul> <li>Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or</li> </ul>		or Ecreion or	vernment covernment of	a U.S. possession or foreign	
	exempt benef		Select "Non	Select "Nonreporting IGA FFI" for art XIII.		
	Austra			Australian Superannuation		
	☐ Participating F			Exempt retirement plans. Complete Part XIV.  Entity wholly owned by exempt beneficial owners. Complete Part XVI.  Territory figure in legitivities. Complete Part XVIII.		
	☐ Reporting Mo					
		emed-compliant FFI (other than a reporting				
		d FFI, or nonreporting IGA FFI covered in Pa	+ VIII = '	☐ Territory financial institution. Complete Part XVII. ☐ Excepted nonfinancial group entity. Complete Part XVIII.		
	See instruction	THE PROPERTY OF THE PROPERTY O				
	☐ Sponeored EE	I. Complete Part IV.		Excepted nonfinancial start-up company. Complete Part XIX.  Excepted nonfinancial entity in liquidation or bankruptcy.		
		ned-compliant nonregistering local bank. Co		NO. 11 (1997) 100.	adion or bankruptcy.	
	Part V.	led-compilant nomegistering local bank. Co		anization. Complete Part >	(VIII)	
	2	ned-compliant FFI with only low-value accou	72—37 - 550 - 57			
	Complete Par	1000		Nonprofit organization. Complete Part XXII.  Publicly traded NFFE or NFFE affiliate of a publicly traded		
		ned-compliant sponsored, closely held inves	35_35 U 0.555	corporation. Complete Part XXIII.		
	vehicle. Comp	(1) [1] : [		territory NFFE. Complete I	Part XXIV	
	Carrier Committee Committe	ed compliant limited life debt investment entity		Active NFFE. Complete Part XXV.		
	Part I (6)		Paccive N	FFE. Complete Part XXVI.		
	Individual SMS	F - Complete residence address as	ounts	Excepted inter-affiliate FFI. Complete Part XXVII.		
	per application	form		Direct reporting NFFE.		
		F - Complete Company's Registered	55 S	Sponsored direct reporting NFFE. Complete Part XXVIII.		
	Office address as listed on the ASIC register			Account that is not a financial account.		
6	Permanent residend	ce address (street, apt. or suite no., or rural rou				
	1 COLLINS STRE	ET	Only applicable to Pa	ort 1 (6) vou		
	City or town, state	or province. Include postal code where app	can complete your PC		ry	
	MELBOURNE VIO	3000	in Part I (7) if you have		RALIA	
7	Mailing address (if	different from above)	street address in Part			
	PO BOX 125	530				
	City or town, state	or province. Include postal code where app	propriate.	Count	ry	
	MELBOURNE VIO	AUST	RALIA			

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form W-8BEN-E (Rev. 10-2021)



## Sample of a Typical SMSF Form Completion

## FOR REFERENCE ONLY

### **EXTRACT FROM Page 2**

	-8BEN-E (Rev. 10-2021)		Page 2			
Par	Identification of Benefic	ial Owner (continued)				
8	U.S. taxpayer identification number (TIN	l), if required				
9a	GIIN	b Foreign TIN 12 345 678 901	c Check if FTIN not legally required ▶			
10	Reference number(s) (see instructions)	Part I (9b) - You may provide or ACN for the Entity in this se				
lote: f	Please complete remainder of the form in	cluding signing the form in Part X	XX.			
Part		nefits (if applicable). (For ch	napter 3 purposes only.)			
14 a	I certify that (check all that apply):  The beneficial owner is a resident o		within the meaning of the income tax			
<ul> <li>treaty between the United States and that country.</li> <li>The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions be included in an applicable tax treaty (check only one; see instructions):</li> </ul>						
	Select 14 (a) & (b)  Tax-exempt pension trust or pension Other tax-exempt organization Publicly traded corporation	ets the ownership and base erosion test ets the derivative benefits test item of income that meets active trade or business test phary determination by the U.S. competent authority received				
Subsidiary of a publicly traded corporation     No LOB article in treaty     Other (specify Article and paragraph): Article 16 (2)(g) - Ownership/bas						
С						
15	Special rates and conditions (if applicable—see instructions):					
	The beneficial owner is claiming the provisions of Article and paragraph					
	of the treaty identified on line 14a above to claim a % rate of withholding on (specify type of income):					
	Explain the additional conditions in the	Article the beneficial owner meets	s to be eligible for the rate of withholding:			
≣XTR	ACT FROM Page 5					
_	W-8BEN-E (Rev. 10-2021)		Page 5			
	Nonreporting IGA FFI	5 44				
26	<ul> <li>✓I certify that the entity identified in</li> <li>Meets the requirements to be considered AUSTRALIA</li> </ul>		titution pursuant to an applicable IGA between the United States and  The applicable IGA is a Model 1 IGA or a Model 2 IGA; and			
		RETIREMENT FUND	under the provided Select Model 1 IGA or Treasury regulations			
	If you are a trustee documented trus The trustee is: U.S. Foreign	t or a sponsored entity, provide the	ne name of the trustee or sponsor			

Version 2.2 28/08/24 Page 7 of 11



# Sample of a Typical SMSF Form Completion FOR REFERENCE ONLY

#### **EXTRACT FROM Page 8**

### Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- . The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the
  conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively
  connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial which the entity on line 1 is the beneficial owner. DATE must be completed Select to confirm that you have the capacity to sign for the entity m becomes incorrect. in MM-DD-YYYY format (e.g. 26th April 2024 I certify that I have the capacity to sign for the entity identified on line 1 of this form. Full name of the signer would be 04-26-2024) Authorised signatory to sign by hand Sign Here (digital signature not accepted) 04-26-2024 **PETER JACK JASON** Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

Version 2.2 28/08/24 Page 8 of 11



## Sample of a Typical TRUST Form Completion

#### FOR REFERENCE ONLY

### Form W-8BEN-E

(Rev. October 2021) Department of the Treasury

## Certificate of Status of Beneficial Owner for

United States Tax Withholding and Reporting (Entities)

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.

► Go to www.irs.gov/FormW8BENE for instructions and the latest information.

► Give this form to the withholding agent or paver. Do not send to the IRS.

OMB No. 1545-1621

_		uing agent or payer. Do no			
Do N	OT use this form for:		Instead use Form:		
• U.S.	entity or U.S. citizen or resident				
• A fo	reign individual		W-8BEN (Individual) or Form 8233		
• A fo	reign individual or entity claiming that income is effectively conn	ected with the conduct of	f trade or business within the United States		
(unle	ess claiming treaty benefits)				
• A fo	reign partnership, a foreign simple trust, or a foreign grantor trus	st (unless claiming treaty	benefits) (see instructions for exceptions) W-8IMY		
	reign government, international organization, foreign central bar				
	ernment		or that is claiming the applicability of section(s) 115(2),		
501	3/MEXAME 3/MEXAME	tructions for other except	1자라이라마트 주는 최신 회원 회원 회원 최신 최신 회원 회원 기업에 대표하다. 11시간 11시간 11시간 11시간 11시간 11시간 11시간 11시		
<ul><li>Any</li></ul>	person (Do not use any abbreviations) ned	liary acting as a qualified	derivatives dealer) W-8IMY		
Pa	Identification of Beneficial Owner				
1	Name of organization that is the beneficial owner		2 Country of incorporation or organization		
	LUCKY FAMILY TRUST		AUSTRALIA		
3	Name of disregarded entity receiving the payment (if applicab	le, see instructions)	7.00.1.0.12.7.		
4	Chapter 3 Status (entity type) (Must check one box only):	Corporation	Partnership		
	☐ Simple trust ☐ Tax-exempt organization	☑ Complex trust	Foreign Government - Controlled Entity		
	☐ Central Bank of Issue ☐ Private foundation	Estate	Foreign Government - Integral Part		
	Grantor trust Disregarded entity	☐ International organia			
	If you entered disregarded entity, partnership, simple trust, or grantor trust a	- 17	NG - 10 - 10 - 10 NG MANAGANA NA SANTAN		
5	Chapter 4 Status (FATCA status) (See instructions for details				
•	Nonparticipating FFI (including an FFI related to a Reporti		ting IGA FFI. Complete Part XII.		
	FFI other than a deemed-compliant FFI, participating FFI,		overnment, government of a U.S. possession, or foreign		
	exempt beneficial owner).		ank of issue. Complete Part XIII.		
	Destinating EEI	☐ Internation	nal aggenization. Complete Part VIV		
	Participating FFI.		nal organization. Complete Part XIV.		
	Reporting Model 1 FFI.		etirement plans. Complete Part XV.		
	Reporting Model 2 FFI.	3188 (2.2.4). 12 <u>—</u> 21 - 15	olly owned by exempt beneficial owners. Complete Part XVI.		
	Registered deemed-compliant FFI (other than a reporting FFI, sponsored FFI, or nonreporting IGA FFI covered in Pa	-+ VIII = /	inancial institution. Complete Part XVII.		
	See instructions.		nonfinancial group entity. Complete Part XVIII.		
			nonfinancial start-up company. Complete Part XIX.		
	Sponsored FFI. Complete Part IV.	nonfinancial entity in liquidation or bankruptcy.			
	Certified deemed-compliant nonregistering local bank. Co				
	Part V.		ganization. Complete Part XXI.		
	Certified deemed-compliant FFI with only low-value acco		R Active NFFE or Passive NFFE.		
	Complete Part VI.		Refer to Part XXV and XXVI (Page 7) to determine traded		
	Certified deemed-compliant sponsored, closely held inve	4 Status of your Trust			
	vehicle. Complete Part VII.	The second secon	territory NFFE. Complete Part XXIV.		
	Part I (6)		FE. Complete Part XXV.		
	Individual SMSF - Complete residence address as		IFFE. Complete Part XXVI.		
	per application form		inter-affiliate FFI. Complete Part XXVII.		
	Corporate SMSF - Complete Company's Registered	orting NFFE.			
	Office address as listed on the ASIC register		d direct reporting NFFE. Complete Part XXVIII.		
			hat is not a financial account.		
6	Permanent residence address (street, apt. or suite no., or rural rou	te) Do not use a P.O. bo	x or in-care-of address (other than a registered address).		
	1 COLLINS STREET	Only applicable to P	art I (6), you		
	City or town, state or province. Include postal code where app	can complete your PC	) Box address Country		
-	MELBOURNE VIC 3000	in Part I (7) if you have			
7	Mailing address (if different from above)	street address in Part	1 (6)		
_	PO BOX 125	200			
	City or town, state or province. Include postal code where app	propriate.	Country		
	MELBOURNE VIC 3000	· 105	AUSTRALIA		

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form W-8BEN-E (Rev. 10-2021)



## Sample of a Typical TRUST Form Completion

## FOR REFERENCE ONLY

### **EXTRACT FROM Page 2**

Par	Identification of Bene	ficial Owner (continued)	Page Z				
8	U.S. taxpayer identification number (	ΓIN), if required					
9a	GIIN	b Foreign TIN 12 345 678 901	c Check if FTIN not legally required ▶□				
10	Reference number(s) (see instruction	Part I (9b) - You may prov or ACN for the Entity in this					
Note:	Please complete remainder of the form	including signing the form in Pa	rt XXX.				
Pari	Claim of Tax Treaty B	enefits (if applicable). (For	chapter 3 purposes only.)				
14	I certify that (check all that apply):						
а	The beneficial owner is a residen	t of AUSTRALIA	within the meaning of the income tax				
0.000-000	treaty between the United States						
ь	requirements of the treaty provis	☑ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):					
	Select 14 (a) & (b)	☐ Company that	meets the ownership and base erosion test				
	☐ Tax-exempt pension trust or pen ☐ Tax-exempt pension trust or pensi	sion fund Company that	meets the derivative benefits test				
	Other tax-exempt organization	☐ Company with	an item of income that meets active trade or business test				
	☐ Publicly traded corporation	☐ Favorable discr	retionary determination by the U.S. competent authority received				
	☐ Subsidiary of a publicly traded or						
		✓ Other (specify /	Article and paragraph): Article 16 (2)(g) - Ownership/base erosion test				
С	<ul> <li>The beneficial owner is claiming or business of a foreign corporat</li> </ul>		st that meets "the ownership and base erosion" test				
15	Special rates and conditions (if app The beneficial owner is claiming the	40 BH BARBARAN BARBAR	oh .				
	of the treaty identified on line 14a ab	ove to claim a	% rate of withholding on (specify type of income):				
	Explain the additional conditions in the	ne Article the beneficial owner me	eets to be eligible for the rate of withholding:				
FVTF	MAGT FDOM Daws 7						
EXIR	RACT FROM Page 7						
Part 2	XXV Active NFFE						
39	☐ I certify that:	Select Part XXV (39) if Active	e NFFE is selected in Part I (5)				
	The entity identified in Part I is a foreign entity that is not a financial institution;						
	Less than 50% of such entity's gross income for the preceding calendar year is passive income; and						
	<ul> <li>Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a</li> </ul>						
	weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).						
Part )	(XVI Passive NFFE	Select Part XXVI (40a) and (40b <u>or</u> 40c) if Passive NFFE is selected in Part I (5)					
40a		s) and is not certifying its statu	s not a financial institution (other than an investment entity organized in a us as a publicly traded NFFE (or affiliate), excepted territory NFFE, active E.				
Check	box 40b or 40c, whichever applies.						
b	- 19 <u>2</u>		ial U.S. owners (or, if applicable, no controlling U.S. persons); or				
c	I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.						

Version 2.2 28/08/24 Page 10 of 11



## Sample of a Typical TRUST Form Completion

#### FOR REFERENCE ONLY

#### **EXTRACT FROM Page 8**

### Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- . The entity identified on line 1 of this form is not a U.S. person;
- This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); and
- · For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial which the entity on line 1 is the beneficial owner. DATE must be completed Select to confirm that you have the capacity to sign for the entity m becomes incorrect. in MM-DD-YYYY format (e.g. 26th April 2024 I certify that I have the capacity to sign for the entity identified on line 1 of this form. Full name of the signer would be 04-26-2024) Authorised signatory to sign by hand Sign Here (digital signature not accepted) PETER JACK JASON 04-26-2024 Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

Version 2.2 28/08/24 Page 11 of 11