## Company or Trust in which investment is held - THIS MUST BE COMPLETED

(The full name of the Share Company or Trust in which the securities being transferred are held)

All Registry communications to:
C/- MUFG Corporate Markets (AU) Limited
A division of MUFG Pension & Market Services
Locked Bag A14
Sydney South NSW 1235 Australia
Email: support@cm.mpms.mufg.com
Website: www.au.investorcentre.mpms.mufg.com

| Full Name(s) of Registered Holding<br>(Enter the given and last names of all securityholder(s) sl               | hown on the securityholder documents)                                                           |                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
| Registered Address                                                                                              |                                                                                                 |                                                                                                                                                           |
| (The actual address that is shown on the securityholder                                                         | documents)                                                                                      |                                                                                                                                                           |
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 | Dorford I                                                                                       |                                                                                                                                                           |
| Email Address                                                                                                   | Postcode                                                                                        |                                                                                                                                                           |
| (In case we need to contact you for further information)                                                        |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 | SALE AUTHORI                                                                                    |                                                                                                                                                           |
|                                                                                                                 | ed that you have read and understood the Term<br>credited to the bank account you nominate belo | ns and Conditions overleaf. Sale proceeds, less a facilitation fee of 0.99%<br>ow. Alternatively, you may elect to receive your proceeds by International |
| Securityholder Reference Number (SRN) – $n$ completed for the sale authority to be actioned                     | nust be                                                                                         | I                                                                                                                                                         |
| I authorise Pacific Custodians Pty Limited to                                                                   | sell my securities as instructed below                                                          | v (select only one option):                                                                                                                               |
| Sell ALL                                                                                                        |                                                                                                 |                                                                                                                                                           |
| <b>Or</b> Please                                                                                                | specify the number of securities you wish to s                                                  | ell (if not ALL)                                                                                                                                          |
| Sell PARTIAL                                                                                                    |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 | PAYMENT OF SALE PR                                                                              | ROCEEDS                                                                                                                                                   |
| Credit the net proceeds of the sale into my following A<br>Name(s) in which your account is held (Note: the bar |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 | ,                                                                                               | · · · · · ·                                                                                                                                               |
| BSB Number (Bank/State/Branch)                                                                                  | Account Number                                                                                  |                                                                                                                                                           |
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
| Name of Financial Institution                                                                                   |                                                                                                 |                                                                                                                                                           |
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
| OR                                                                                                              |                                                                                                 |                                                                                                                                                           |
| Credit the net proceeds of the sale via a form / Cross Border Wire Transfer.                                    | n International Money Transfer to my bank acc                                                   | count, as nominated on the accompanying International Money Transfe                                                                                       |
| SIGNATURE(S) OF                                                                                                 | SECURITYHOLDER(S                                                                                | ) – THIS MUST BE COMPLETED                                                                                                                                |
| By signing and returning this form, you agree to pr                                                             | rovide the warranties and acknowledge the                                                       | Terms and Conditions set out overleaf.                                                                                                                    |
| Securityholder 1 (Individual)                                                                                   | Joint Securityholder 2 (Individual)                                                             | Joint Securityholder 3 (Individual)                                                                                                                       |
|                                                                                                                 |                                                                                                 |                                                                                                                                                           |
| Sole Director and Sole Company Secretary                                                                        | Director/Company Secretary (Delete one Contact Number                                           | Director  Date                                                                                                                                            |
| Please provide a contact telepho<br>number where we may reach y<br>during business hours if necessa             | ou                                                                                              | / /                                                                                                                                                       |

## INFORMATION AND INSTRUCTIONS FOR COMPLETING THIS FORM

## SIGNING INSTRUCTIONS

This form must be signed by the securityholder. **Joint Holders** all securityholders must sign.

Power of Attorney if not already noted by the Registry, a certified copy of the Power of Attorney must accompany this form.

Company the form must be executed in accordance with the investor's constitution and the Corporations Act 2001 (Cth) (or for New Zealand

Companies, the Companies Act 1993).

## **TERMS AND CONDITIONS**

By signing this form, the person (or persons) specified in the Sale Authority ("Securityholder"):

- acknowledges and warrants that they have full legal title to the ordinary securities specified overleaf, free from any encumbrance, mortgage, charge or lien;
- 2. acknowledges that if the Securityholder's holding has changed since the date of this authority, **ALL** of the Securityholder's securities (as at the date this Authority is processed) will be sold under this facility;
- 3. appoints Pacific Custodians Pty Limited ("Pacific Custodians"), as its agent, and authorises and directs Pacific Custodians, to instruct a Broker to sell the securities on-market on the Australian Securities Exchange (ASX), in accordance with these Terms and Conditions, and to execute all documents and do all acts and things necessary for the preparation and sale of such securities through this facility. The Securityholder acknowledges that Pacific Custodians may aggregate sell orders from other Securityholders into a combined sale batch with the Securityholder's order and arrange the sale of the combined sale batch together as a single parcel or multiple parcels;
- 4. agrees that the securities may be sold at any time within 8 business days from the receipt of this authority;
- 5. agrees that where a holding forms part of a deceased estate this form is not deemed to have been received until final completion of the registry's deceased estates process;;
- 6. agrees that the sale price of the securities will be the market price of the securities, determined by the volume weighted average sale price achieved by the Broker for the sale of the sale batch sold by the Broker under this facility on the day(s) in which the Securityholder's securities are sold. The market price may be different to the closing price appearing in the newspaper or quoted by the ASX on the day that the securities are sold. **Neither Pacific Custodians**, the broker nor the Issuer will be liable for the securities not being sold at a specific price;
- 7. agrees that the net sale proceeds of the securities (less facilitation fee of 0.99% with a minimum of \$99.00 inclusive of GST), will be paid in Australian dollars into the Securityholder's Australian bank account nominated account within 7 business days of the sale batch being sold on the ASX. For Securityholders based overseas, the net sale proceeds of the securities will be paid on the securityholder's local currency via an International Money Transfer (IMT) into the Securityholder foreign bank account nominated on the International Money Transfer/Cross Border Wire Transfer form within 9 business days of the sale batch being sold on the ASX. The Securityholder will not be liable to pay any brokerage or fees for the sale of their shares other than the abovementioned fee payable to Pacific Custodians. Please note, the Securityholder's overseas bank may deduct fees from the net proceeds before crediting the payment into their bank account, and this can result in the Securityholder receiving a lower amount than expected. We cannot control or refund any fees of this nature that are incurred;
- 8. agrees that the sale is subject to, and that the Securityholder is bound by, the Constitution, rules, regulations, customs and usages of ASX;
- 9. agrees that they can not withdraw or revoke their authority to have their securities sold once this Sale Authority form is received by Pacific Custodians;
- 10. agrees that Pacific Custodians is under no obligation to accept any Sale Authority form, whether completed correctly or not, and Pacific Custodians has no liability to the Securityholder other than for the payment of any net sale proceeds determined and payable on the terms set out above (in particular, Pacific Custodians nor the Issuer will not be liable for any direct or indirect loss arising as a consequence of Pacific Custodians not acting on a Sale Authority or not acting on a Sale Authority at any particular time);
- 11. agrees that if bank account details are provided on this authority, payment of the proceeds will be made by direct credit into that bank account regardless of whether either of the payment options boxes have been ticked;
- 12. agrees to provide Pacific Custodians with a copy of the Securityholder's recent bank statement, if requested, to confirm their bank account details;
- 13. agrees that if Pacific Custodians is required to hold the net sale proceeds for a period of time, (in the event of the Electronic direct credit details not being correct or other similar circumstances outside Pacific Custodians control), no interest will be paid, nor Pacific Custodians will be responsible for a repurchase of the securities;
- 14. acknowledges that neither Pacific Custodians **nor the Issuer** has given the Securityholder any investment advice or made any securities recommendations relating to the sale of the securities; and
- 15. acknowledges that the Securityholder has received Pacific Custodians Financial Services Guide which was sent to the Securityholder with this Sale Authority; and
- 16. agrees that if the Securityholder constitutes more than one person these terms and conditions bind them jointly and severally.

We recommend that you obtain advice from your financial adviser before making a decision as to whether to direct to us to sell your securities under this facility.

Pacific Custodians Pty Ltd is a wholly subsidiary of MUFG Corporate Markets (AU) Limited.

An Issuer refers to the company or organisation that offers and issues securities, such as shares (stocks) or bond, to investors.

If you require information on how to complete this form please contact MUFG Corporate Markets on 1300 554 474 (within Australia) or +61 2 8280 7111 (outside Australia).

Personal Information Collection Notification Statement: MUFG Pension & Market Services ("MPMS") advises that your personal information is collected by MPMS organisations for the administration of your investment as required or permitted by the *Corporations Act 2001* (Cth) and other legislation. Some or all of your personal information may be disclosed to contracted third parties, or related MPMS companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. 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 <a href="https://www.mpms.mufg.com">www.mpms.mufg.com</a> for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.

Classification: Public

# MUFG Corporate Markets (AU) Limited & Pacific Custodians Pty Limited

**JOINT FINANCIAL SERVICES GUIDE (FSG)** 

14 April 2025



This FSG is designed to assist you in deciding whether to use any of the services covered in this guide. It also contains information about remuneration that may be paid to the financial services licensee, authorised representative and other relevant persons in relation to the services offered, as well as information on how complaints against the financial services licensee and authorised representative are dealt with.

#### QUESTIONS

#### **ANSWERS**

# Who are we and how can we be contacted?

This Joint FSG has been prepared, issued, and authorised by:

- •Pacific Custodians Pty Limited (Pacific Custodians) (ABN 66 009 682 866), Australian Financial Services Licence (AFSL) 295142 (the Authorising Licensee); and
- •MUFG Corporate Markets (AU) Limited (ABN 54 083 214 537), a Corporate Authorized Representative of Pacific Custodians,
- Authorized Representative Number 297766 (the Providing Entity).

Unless otherwise specified, hereinafter referred to as 'we' 'us'.

Pacific Custodians and MUFG Corporate Markets (AU) Limited are related bodies corporate and subsidiaries of MUFG Pension & Market Services. For more information about MUFG Pension & Market Services, please visit: <a href="https://www.mpms.mufg.com">www.mpms.mufg.com</a>

We can be contacted via the following details:

Address: Liberty Place, Level 41, 161 Castlereagh Street Sydney NSW 2000

Phone: +61 2 82805000

Web: <u>www.mpms.mufg.com</u>

# How can you provide instructions to us?

You may provide instructions to us by contacting us using the details set out above. Generally, instructions must be received in writing before we can act on them. In some circumstances you will need to fill out a form and meet the specific requirements of the particular product before we can act on your instructions, in which case we will tell you what forms you need to fill out and how you can obtain them.





## **QUESTIONS**

### **ANSWERS**

# What financial services do we provide?

Pacific Custodians is authorised to provide the following financial services:

- a) Deal in a financial product by:
  - i) issuing, applying for, acquiring, varying, or disposing of a financial product in respect of the following classes of financial products:
    - A) derivatives;
    - B) debentures, stocks or bonds issued or proposed to be issued by a government;
    - C) interests in managed investment schemes excluding:
      - 1) investor directed portfolio services;
    - D) securities; and
  - applying for, acquiring, varying, or disposing of a financial product on behalf of another person in respect of the following classes of products:
    - A) derivatives;
    - B) debentures, stocks or bonds issued or proposed to be issued by a government;
    - C) interests in managed investment schemes excluding:
      - investor directed portfolio services;
    - D) securities; and
- b) provide the following custodial or depository services:
  - operate custodial or depository services other than investor directed portfolio services;

to retail and wholesale clients.

Pacific Custodians has authorised MUFG Corporate Markets (AU) Limited to provide the above financial services and any other financial services Pacific Custodians is authorised to provide under a valid AFSL from time to time.

Financial Services provided by us include:

- Share sale services which assist holders of securities in listed entities (whose registers we maintain), to dispose of their holdings; and
- Share acquisition services which assist certain holders of securities in listed entities (whose registers we maintain), to acquire additional securities.
- Services in relation to employee share and option schemes including sale, acquisition and exercise of unrestricted shares/rights or options.

## Services not covered by this FSG.

MUFG Corporate Markets (AU) Limited also provides other services (e.g. registry services, estate administration services and historical research services in listed entities whose registers we maintain). These services are NOT financial services and are NOT covered by this FSG.

Pacific Custodians is NOT responsible for other services provided by MUFG Corporate Markets (AU) Limited. For more information about these services, please visit our website <a href="https://www.mpms.mufg.com">www.mpms.mufg.com</a>





### QUESTIONS

or other benefits,

are attributable to the provision of the

authorised services?

What remuneration (including commission)

#### **ANSWERS**

Pacific Custodians and MUFG Corporate Markets (AU) Limited are remunerated for the financial services provided to you, either directly through the fees charged to you, or indirectly through the fees charged to service providers for providing financial services in relation to their financial products.

#### Security sale and acquisition services

We charge a fee of 0.99% (inc GST) of the sale value with a minimum of \$99.00 (inc GST) to facilitate the sale of securities at the request of individuals.

Amounts payable by the security holder may vary depending on the extent to which the company whose securities are being sold subsidises any applicable fees.

For a security sale, the fees will be deducted from the proceeds of the sale prior to distribution to the beneficiary. For a security acquisition, the fees will be in addition to funds required to complete the acquisition of the securities. Proceeds from the sale of securities are held in client segregated accounts prior to distribution to beneficiaries. Pacific Custodians will be entitled to retain any interest that is earned on monies held in those accounts.

## Employee share and option scheme services

Pacific Custodians receives remuneration for acting as trustee and custodian of employee share and option schemes (including ancillary custodial services such as the issue of any new shares under a corporate action or dividend reinvestment scheme). This remuneration is determined by agreement with, and payable by, the issuer of the securities. Generally, no fees or commissions are payable directly by employees entitled to securities or options under a scheme managed by us. If there is a direct fee payable by the employee, it will be set out in the scheme documents provided to employees.

We receive fees for administrative services that we provide in connection with employee share and option schemes, as well as facilitating sales in connection with these schemes.

The fees that we receive vary depending on a number of factors. The exact remuneration for any one transaction is not able to be ascertained at the time this FSG is given. But generally, we may receive a flat rate administration fee and/or a fee based on a percentage of the value of each transaction for the exercise of an option and/or share sale.

You may request the particulars of the remuneration or other benefits for any particular service that we will provide, but that request must be made within a reasonable time after you are given this FSG and in any event, before any financial service is provided.

Where we facilitate a transaction, a brokerage fee is charged which may marginally exceed our negotiated cost with the broker.

No additional remuneration is paid, or benefit provided to:

- the employer of the providing entity;
- the authorising licensee;
- an employee or director of the authorising licensee (other than normal wages and salary of employees);
- associate(s) of any of the above; or
- any other person.





## **QUESTIONS**

### **ANSWERS**

Do any relationships or associations exist which might influence the financial services we provide? MUFG Corporate Markets (AU) Limited and Pacific Custodians are subsidiaries of MUFG Pension & Market Services. For more information about MUFG Pension & Market Services, please visit: www.mpms.mufg.com.

In providing the disclosed services, we use a panel of stockbrokers to facilitate the sale and acquisition of holdings. The decision to use a particular broker is based on a number of factors relating to execution, pricing, and settlement.

# What should you do if you have a complaint?

We are committed to providing quality financial services. We have developed a fast and efficient complaints handling procedure to enable us to deal with any complaints you may have about us.

In the first instance, all complaints should be made to:

Complaints Manager

MUFG Corporate Markets (AU) Limited Locked Bag A14, Sydney South NSW 1235

Phone: 1300 365 969

Email: complaints.au@cm.mpms.mufg.com

If your complaint is about services covered by this FSG (e.g. share sale and acquisition services) and you are not satisfied with the way your complaint is handled, or with its resolution, then you may be able to lodge a complaint with the Australian Financial Complaints Authority ('AFCA').

AFCA is a free, fair, and independent dispute resolution scheme that considers complaints about financial products and services. AFCA's service is offered as an alternative to tribunals and courts to resolve complaints that consumers and small businesses have with their financial firms. AFCA may be able to assist you to resolve your complaint but will only become involved after you have made first use of our own complaints handling process.

You can contact AFCA at:

Address: GPO Box 3, Melbourne VIC 3001

Phone: 1800 931 678
Website: www.afca.org.au info@afca.org.au

What compensation arrangements are in place?

We have compensation arrangements in place, including Professional Indemnity (PI) insurance which satisfies the requirements of section 912B of the Corporations Act 2001 (Cth), that covers claims arising from the conduct of representatives and employees including those who no longer work for us, but who did at the time of the conduct.

MUFG Corporate Markets (AU) Limited is an ASX General Settlement Participant and ASX Product Issuer Settlement Participant.

## **General Advice Warning:**

This brochure and any information that you receive from us is prepared without taking account of your objectives, financial situation, or needs. Because of this, it is important for you to consider the appropriateness of any information and/or advice received having regard to your objectives, financial situation, and needs. You should obtain and take into account the relevant disclosure document and consider seeking professional financial, taxation and/or legal advice, before you make any investment decision.







## MUFG How to complete the AML/CTF **Investor Identification Information Form**



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 (Complete the deceased individual form)                                                                                |  |
| Deceased                                                        | Surviving joint individual (Complete the individual form)                                                                       |  |
| Deceased                                                        | Surviving joint company (Complete the company form)                                                                             |  |
|                                                                 | Trust (Complete the trust form for the trust)                                                                                   |  |
| Company (foreign or domestic)                                   | Company (Complete the company form for each company)                                                                            |  |
| Trust (super fund, family trust, managed investment scheme etc) | Trust (Complete the trust form for each trust. If the trust has a corporate trustee, also complete the company form)            |  |

## 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 identity themselves and 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:

MUFG Corporate Markets (AU) Limited Registry Operations - AML/CTF Processing Locked Bag A14 SYDNEY SOUTH NSW 1235 **AUSTRALIA** 

## Identification documents and eVerification (electronic verification of identity)

MUFG Corporate Markets 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 1 of the Statutory Declarations Regulations 2023;
- 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 1 of the Statutory Declarations Regulations 2023. 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, MUFG Corporate Markets 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 1 to 17 (Part 1) and items 1 to 40 (Part 2) are extracted from Schedule 2 of the Statutory Declarations Regulations 2023.

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

## Part 1 - Occupations

|      | Foreign    |                                                                                 |
|------|------------|---------------------------------------------------------------------------------|
| Item | Equivalent | Occupations                                                                     |
| 1    |            | Architect                                                                       |
| 2    |            | Chiropractor                                                                    |
| 3    |            | Dentist                                                                         |
| 4    |            | Financial adviser or financial planner                                          |
| 5    | ✓          | Legal practitioner                                                              |
| 6    | ✓          | Medical practitioner                                                            |
| 7    |            | Midwife                                                                         |
| 8    |            | Migration agent registered under Division 3 of Part 3 of the Migration Act 1958 |
| 9    |            | Nurse                                                                           |
| 10   |            | Occupational therapist                                                          |
| 11   |            | Optometrist                                                                     |
| 12   |            | Patent attorney                                                                 |
| 13   |            | Pharmacist                                                                      |
| 14   |            | Physiotherapist                                                                 |
| 15   |            | Psychologist                                                                    |
| 16   |            | Trade marks attorney                                                            |
| 17   |            | Veterinary surgeon                                                              |

## Part 2 Other persons

| Part 2 | Other persons         |                                                                                                                                                                |
|--------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item   | Foreign<br>Equivalent | Person                                                                                                                                                         |
| 1      |                       | Accountant who is:                                                                                                                                             |
|        |                       | (a) a fellow of the National Tax Accountants' Association; or                                                                                                  |
|        |                       | (b) a member of any of the following:                                                                                                                          |
|        |                       | (i) Chartered Accountants Australia and New Zealand;                                                                                                           |
|        |                       | (ii) the Association of Taxation and Management Accountants;                                                                                                   |
|        |                       | (iii) CPA Australia;                                                                                                                                           |
|        |                       | (iv) the Institute of Public Accountants                                                                                                                       |
| 2      |                       | Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public                                               |
| 3      |                       | APS employee engaged on an ongoing basis with 5 or more years of continuous service who is not specified in another item of this Part                          |
| 4      | $\checkmark$          | Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)                                                |
| 5      | $\checkmark$          | Bailiff                                                                                                                                                        |
| 6      |                       | Bank officer with 5 or more continuous years of service                                                                                                        |
| 7      |                       | Building society officer with 5 or more years of continuous service                                                                                            |
| 8      |                       | Chief executive officer of a Commonwealth court                                                                                                                |
| 9      | $\checkmark$          | Clerk of a court                                                                                                                                               |
| 10     | $\checkmark$          | Commissioner for Affidavits                                                                                                                                    |
| 11     | $\checkmark$          | Commissioner for Declarations                                                                                                                                  |
| 12     |                       | Credit union officer with 5 or more years of continuous service                                                                                                |
| 13     |                       | Employee of a Commonwealth authority engaged on a permanent basis with 5 or more years of continuous service who is not specified in another item in this Part |
| 14     | $\checkmark$          | Employee of the Australian Trade and Investment Commission who is:                                                                                             |
|        |                       | (a) in a country or place outside Australia; and                                                                                                               |
|        |                       | (b) authorised under paragraph 3(d) of the Consular Fees Act 1955; and                                                                                         |
|        |                       | (c) exercising the employee's function at that place                                                                                                           |

| 15 | $\checkmark$ | Employee of the Commonwealth who is:                                                                                                                                    |
|----|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |              | (a) at a place outside Australia; and                                                                                                                                   |
|    |              | (b) authorised under paragraph 3(c) of the Consular Fees Act 1955; and                                                                                                  |
|    |              | (c) exercising the employee's function at that place                                                                                                                    |
| 16 |              | Engineer who is:                                                                                                                                                        |
|    |              | (a) a member of Engineers Australia, other than at the grade of student; or                                                                                             |
|    |              | (b) a Registered Professional Engineer of Professionals Australia; or                                                                                                   |
|    |              | (c) registered as an engineer under a law of the Commonwealth, a State or Territory; or                                                                                 |
|    |              | (d) registered on the National Engineering Register by Engineers Australia                                                                                              |
| 17 |              | Finance company officer with 5 or more years of continuous service                                                                                                      |
| 18 |              | Holder of a statutory office not specified in another item of this Part                                                                                                 |
| 19 | $\checkmark$ | Judge                                                                                                                                                                   |
| 20 | $\checkmark$ | Justice of the Peace                                                                                                                                                    |
| 21 | $\checkmark$ | Magistrate                                                                                                                                                              |
| 22 | $\checkmark$ | Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961                                                                     |
| 23 |              | Master of a court                                                                                                                                                       |
| 24 | $\checkmark$ | 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 5 or more years of continuous service; or                               |
|    |              | (c) a warrant officer within the meaning of that Act                                                                                                                    |
| 25 |              | Member of the Australasian Institute of Mining and Metallurgy                                                                                                           |
| 26 |              | Member of the Governance Institute of Australia Ltd                                                                                                                     |
| 27 | $\checkmark$ | 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                                                                                                                                        |
| 28 | $\checkmark$ | Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961                                                                   |
| 29 | ✓            | Notary public, including a notary public (however described) exercising functions at a place outside:  (a) the Commonwealth; and                                        |
|    |              | (b) the external Territories of the Commonwealth                                                                                                                        |
| 30 |              | Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office providing postal services to the public |
| 31 |              | Permanent employee of:                                                                                                                                                  |
|    |              | (a) a State or Territory or a State or Territory authority; or                                                                                                          |
|    |              | (b) a local government authority;                                                                                                                                       |
|    |              | with 5 or more years of continuous service, other than such an employee who is specified in another item of this Part                                                   |
| 32 | ,            | Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made                                         |
| 33 | <b>√</b>     | Police officer                                                                                                                                                          |
| 34 | ✓            | Registrar, or Deputy Registrar, of a court                                                                                                                              |
| 35 |              | Senior executive employee of a Commonwealth authority                                                                                                                   |
| 36 |              | Senior executive employee of a State or Territory                                                                                                                       |
| 37 |              | SES employee of the Commonwealth                                                                                                                                        |
| 38 |              | Sheriff                                                                                                                                                                 |
| 39 |              | Sheriff's officer                                                                                                                                                       |
| 40 |              | Teacher employed on a permanent full time or part time basis at a school or tertiary education institution                                                              |

Personal Information Collection Notification Statement: MUFG Pension & Market Services ("MPMS") advises that your personal information and identification is collected by MPMS organisations for the administration of your investment as required or permitted by the Anti-Money Laundering & Counter Terrorism Financing Act 2006 (Cth) (AML/CTF) and accompanying Rules. Your information may be disclosed to the regulator AUSTRAC, other Commonwealth government agencies or law enforcement agencies. MPMS may request additional information or identity evidence from you before providing you with an AML/CTF 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 https://www.mpms.mufg.com for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.

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## **Investor Identification Information Form**

Security Code/Description



## **Issuer Details**

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

Section 1 Trust Name

Section 1 – to be completed by all Investors.

**Trust Identification Details** 

Trustee/Responsible Entity

Country of Establishment/Origin

Source of wealth and funds used to purchase/acquire this product (e.g. Revenue, Investments, Sale of Assets, Loan, Contributions, etc.) Provide details

Principal business activity or industry sector e.g. retail, banking, financial services, primary production, mining and exploration, gambling, jewellery dealer, antique dealer etc.

| Section 2                                  | Type of Trust and                                                                                                                                                                                                                                 | d Registration Detail                                                 | s                                   |         |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|---------|
| pe of trust (se                            | elect one of the following types of trusts):                                                                                                                                                                                                      |                                                                       |                                     |         |
| Self-manag                                 | ged superannuation fund                                                                                                                                                                                                                           | Specify the superannuation fun                                        | nd's ABN or RSE number:             |         |
| APRA regis                                 | stered or regulated superannuation fund                                                                                                                                                                                                           |                                                                       |                                     |         |
| Governmer                                  | nt superannuation fund established by legislation                                                                                                                                                                                                 | Specify name of legislation esta                                      | ablishing the government super fund | l:      |
|                                            | ncludes a regulated pension or retirement fund<br>ment fund is foreign complete the details below for an unregulate                                                                                                                               | d trust as this question only applies                                 | to Australian registered funds.     |         |
| Registered                                 | managed investment scheme in Australia                                                                                                                                                                                                            | Specify ABN or ARSN (if applic                                        | cable):                             |         |
| clients and                                | ed managed investment scheme that has only wholesale<br>does not make small scale offerings to which section 1012E<br>orations Act 2001 applies (in Australia)                                                                                    |                                                                       |                                     |         |
| Other regul<br>oversight o                 | ated trust (i.e. registered and subject to the regulatory<br>f a Commonwealth statutory regulator                                                                                                                                                 | Specify the name of the regular                                       | tor (e.g. ASIC, APRA, ATO, ACNC):   |         |
| publicly vie<br>register (AC<br>provide an | ulated trust includes a charity that is registered (and wable) with the Australian Charities and Not-for-Profit CNC). If the charity is not viewable on the ACNC, please extract of trust deed from section 6 (cover and signing first two pages) | Specify the trust's ABN or regis                                      | stration/licensing details:         |         |
| Other unre                                 | gulated trust, including a foreign trust or foreign retirement fund                                                                                                                                                                               | Trust description (e.g.family trust or unregulated charitable trust): |                                     |         |
| (a) Is the co                              | ontribution to the trust by the settlor less than AUD \$10,000?                                                                                                                                                                                   |                                                                       |                                     |         |
| Yes                                        | No                                                                                                                                                                                                                                                | Specify the trust's ABN or foreign registration number (if any):      |                                     |         |
| (b) Is the se                              | ettlor deceased?                                                                                                                                                                                                                                  |                                                                       |                                     |         |
| Yes                                        | No                                                                                                                                                                                                                                                | Name of foreign regulator (if an                                      | ny):                                |         |
|                                            | vered 'No' to either of the questions please provide the<br>the settlor at section 4.                                                                                                                                                             |                                                                       |                                     |         |
| Tull name of                               | the settlor at section 4.                                                                                                                                                                                                                         | Domestic Trust                                                        | Foreign Trust                       |         |
| Section 3                                  | Trust                                                                                                                                                                                                                                             | ee Details                                                            |                                     |         |
| rustee 1                                   | I have included identity details for verification purposes at section 6.                                                                                                                                                                          | Trustee type (tick ✓ one)                                             | Individual                          | Company |
| ull Name of Tru                            | stee                                                                                                                                                                                                                                              |                                                                       | Date of Birth (if an individual)    |         |
|                                            |                                                                                                                                                                                                                                                   |                                                                       | DD MM                               | YYYY    |
| rustee Street Ad                           | ddress (Do not use a PO Box or C/- Address)                                                                                                                                                                                                       |                                                                       |                                     |         |
| rustee 2                                   | I have included identity details for verification purposes at section 6.                                                                                                                                                                          | Trustee type (tick ✓ one)                                             | Individual                          | Company |
| ull Name of Tru                            | stee                                                                                                                                                                                                                                              |                                                                       | Date of Birth (if an individual)    |         |
|                                            |                                                                                                                                                                                                                                                   |                                                                       | DD MM                               | YYYY    |
| riistee Street Ar                          | ddress (Do not use a PO Box or C/- Address)                                                                                                                                                                                                       |                                                                       | ,                                   |         |

If there are more than 2 trustees, copy this page and complete this section for the additional trustees, or attach a separate sheet with the details.

| Section 4 | Unregulated and Foreig   | ın Trusts: Controlline      | n Person Details - / | Annointer Settlor  | Trustee Protector |
|-----------|--------------------------|-----------------------------|----------------------|--------------------|-------------------|
| Occion T  | ornogalatea aria i oroig | jii ii asts. Soiiti oiiii į |                      | Appointer, octaor, | mastee, moteoto   |

Provide details of the controlling person(s) of an unregulated or foreign trust. Controlling Person of a trust, means the settlor(s) (if living), the trustee(s), the appointer and the protector(s) (if any), and any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). If there is more than 1 controlling person, attach a separate page with the other controlling persons' details.

Controlling Person Type: (Tick all relevant roles)

Trustee

Appointer Se

Protector

Other, Specify:

I have included identity details for verification purposes at section 6.

Full Name

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

| ate of Birth |    |      |
|--------------|----|------|
| DD           | MM | YYYY |

## Section 5

# Beneficiary Details for an Unregulated or Foreign Trust entitled to 25%+ benefit of the trust assets or distribution

Full Name of Beneficiary 1 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 2 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 3 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 4 plus photo Id or eVerification at Appendix A

If there are more than 4 beneficiaries, copy this page and complete this section for the additional beneficiaries or attach a separate sheet with the details.

If the terms of the trust identify the beneficiaries by reference to membership of a class – provide details of the class e.g. A Class, B Class, or Children, Grandchildren etc; otherwise provide beneficiary details above. If there are more than 2 classes, copy this page and complete this section for the additional classes, or attach a separate sheet with the details.

Class 1 Class 2

## Section 6 Identification documents for an Unregulated or Foreign Trust

Please attach at least 1 identification document which verifies the existence of the trust. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Please complete either Option 1 or Option 2 for each individual beneficial owner or controlling person and attach the applicable document(s). If you select option 1, send only certified copies of original documents. If you select Option 2 relating to eVerification (verifying your identity electronically) then also complete Appendix A.

| Tick √ | Trust Identity Procedure                                                                                                                                                               |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | A certified copy of the trust deed extract (including cover page, the first two pages and signature page)                                                                              |
|        | A certificate issued to the trust by ASIC, other regulator or professional association                                                                                                 |
|        | Corporate Trustee Identity Procedure Complete the company form about the corporate trustee                                                                                             |
| Tick √ | Option 1 - Individual Identity Procedure Primary photographic identity document in relation to <u>each</u> Individual Beneficial Owner and Controlling Person from sections3, 4 and 5. |
|        | 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)                                                                                                                                                   |
|        | All foreign language documents must be accompanied by an English translation prepared by an accredited translator                                                                      |
|        |                                                                                                                                                                                        |

## Tick Option 2 - eVerification Identity Procedure in relation to each Individual Beneficial Owner and Controlling Person from sections 3, 4 and 5. Please complete Appendix A for each individual requiring identification from sections 3, 4 and 5.

By submitting identity document details at Appendix A, the signing individual agrees that:

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

| Trustee Signature |    |      |      |          | Trustee Signature |   |   |
|-------------------|----|------|------|----------|-------------------|---|---|
|                   |    |      |      | <b>Æ</b> |                   | ٨ | Ø |
| Date              | DD | NANA | VVVV |          |                   |   |   |



## APPENDIX A



|                       | eVERIFICATION OF IDENTITY                                                                                                                                                                                             |                                                                                                                                                                                                                                            |  |  |  |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| If the seller         | Company Details  f the seller is an Australian company registered with ASIC or a New Zealand Company registered with the New Zealand Companies Office, provide the following                                          |                                                                                                                                                                                                                                            |  |  |  |
| ACN or                | I II I                                                                                                                                                                               |                                                                                                                                                                                                                                            |  |  |  |
| NZBN Option 1 -       | – eVerification of Individual Sellers or Authorised Representa                                                                                                                                                        |                                                                                                                                                                                                                                            |  |  |  |
| Tick ✓<br>Below       | Primary identity document of each Individual seller(s) or All this transfer form                                                                                                                                      | uthorised Representative, or Director/Secretary of a Company signing                                                                                                                                                                       |  |  |  |
| Full Name             | - Individual 1, Authorised Representative or Director of a Company                                                                                                                                                    | Full Name - Individual 2, Authorised Representative or Director of a Company                                                                                                                                                               |  |  |  |
| Danislantial          | I Charat Address                                                                                                                                                                                                      | Desidential Cheet Address                                                                                                                                                                                                                  |  |  |  |
| Residential           | Street Address                                                                                                                                                                                                        | Residential Street Address                                                                                                                                                                                                                 |  |  |  |
| Suburb/Tov            | wn State/Territory Post Code / Zip Code                                                                                                                                                                               | Suburb/Town State/Territory Post Code / Zip Code                                                                                                                                                                                           |  |  |  |
| Country (if           | not Australia)  Date of Birth DD/MM/YYYY  DD / MM / YYYYY                                                                                                                                                             | Country (if not Australia)  Date of Birth DD/MM/YYYY  DD / MM / YYYY                                                                                                                                                                       |  |  |  |
| L I con:              | firm that I am authorised to provide the personal details presented and sent to the information being checked with the document issuer or al record holder via third party systems for the purpose of confirming ity. | 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 identity. |  |  |  |
| Select 2 ch           | noices                                                                                                                                                                                                                | Select 2 choices                                                                                                                                                                                                                           |  |  |  |
|                       | ast one option and complete the document details below exactly as he document.                                                                                                                                        | Group 1 Select at least one option and complete the document details below exactly as shown on the document.                                                                                                                               |  |  |  |
| Austra                | alian passport New Zealand passport                                                                                                                                                                                   | Australian passport New Zealand passport                                                                                                                                                                                                   |  |  |  |
|                       | alian driver's licence issued New Zealand driver's licence state or territory                                                                                                                                         | Australian driver's licence issued by a state or territory New Zealand driver's licence                                                                                                                                                    |  |  |  |
| Austra                | alian ImmiCard New Zealand birth certificate                                                                                                                                                                          | Australian ImmiCard New Zealand birth certificate                                                                                                                                                                                          |  |  |  |
| match                 | alian birth certificate (must n your name in the register) Mew Zealand citizenship certificate mportant notes overleaf **                                                                                             | Australian birth certificate (must match your name in the register) See important notes overleaf **                                                                                                                                        |  |  |  |
| State/Territ of Issue | tory Document Number: e.g. DL number Expiry or Issue Date                                                                                                                                                             | State/Territory of Issue Document Number: e.g. DL number Expiry or Issue Date                                                                                                                                                              |  |  |  |
|                       | DD / MM / YYYY                                                                                                                                                                                                        | DD / MM / YYYY                                                                                                                                                                                                                             |  |  |  |
| Other infor           | Note: For a drivers licence, please provide                                                                                                                                                                           | Other information  Note: For a drivers licence, please provide                                                                                                                                                                             |  |  |  |
| Group 2               | both the DL card number and DL number.                                                                                                                                                                                | both the DL card number and DL number.  Group 2                                                                                                                                                                                            |  |  |  |
| Select at lea         | ast one option and complete the document details below exactly as he document.                                                                                                                                        | Select at least one option and complete the document details below exactly as shown on the document.                                                                                                                                       |  |  |  |
|                       | care card Ref. Nbr:                                                                                                                                                                                                   | Medicare card Ref. Nbr:  Green Blue Yellow                                                                                                                                                                                                 |  |  |  |
|                       | Green Blue Yellow<br>elink Pension Card or Healthcare Card                                                                                                                                                            | Green Blue Yellow Centrelink Pension Card or Healthcare Card                                                                                                                                                                               |  |  |  |
| Austra                | alian Electoral Roll (AEC)                                                                                                                                                                                            | Australian Electoral Roll (AEC)                                                                                                                                                                                                            |  |  |  |
| State/Territ of Issue | tory Document Number: e.g. Medicare number  Expiry or Issue Date                                                                                                                                                      | State/Territory Document Number: of Issue e.g. Medicare number Expiry or Issue Date                                                                                                                                                        |  |  |  |
| 0110001010            | DD / MM / YYYY                                                                                                                                                                                                        | DD / MM / YYYY                                                                                                                                                                                                                             |  |  |  |
| Other infor           | mation                                                                                                                                                                                                                | Other information                                                                                                                                                                                                                          |  |  |  |
|                       |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                            |  |  |  |
|                       | nore than 2 individuals signing this form, then copy this page and complet                                                                                                                                            |                                                                                                                                                                                                                                            |  |  |  |
| murviuuai U           | or authorised person's signature                                                                                                                                                                                      | Individual or authorised person's signature.                                                                                                                                                                                               |  |  |  |
|                       | <i>J</i> E)                                                                                                                                                                                                           | <u> </u>                                                                                                                                                                                                                                   |  |  |  |
| Date                  | 1 1                                                                                                                                                                                                                   | Date                                                                                                                                                                                                                                       |  |  |  |
| DD                    | / MM / YYYY                                                                                                                                                                                                           | DD / MM / YYYY                                                                                                                                                                                                                             |  |  |  |

15

Identification sources – you may choose one (1) source each from group 1 and group 2 OR you may choose two (2) sources from group 1. We are unable to accept only group 2 sources for eVerification.

**Document number** means the registration number of the document. This will typically be the driver's licence number, passport number, Medicare card number or birth certificate registration number etc.

#### \*\* Important notes about birth certificates:

Only A.C.T. birth certificates issued from 1930 onwards can be verified electronically. If you were born in the A.C.T. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For A.C.T. birth certificates issued between 1930 and May 2002, provide the **registration number** and also the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field. For A.C.T. birth certificates issued after May 2002, provide the **registration number** and **certificate issue date** and also provide the **certificate number** using the 'Other Information' field.

For N.S.W. birth certificates provide the registration number and the registration year e.g. 1952 using the 'Expiry or Issue Date' field.

For N.T. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field <u>and</u> if your N.T. birth certificate was issued from 1999 onwards, also provide the **certificate number** using the 'Other Information' field.

For QLD birth certificates, provide the registration number and the registration date using the 'Expiry or Issue Date field above.

For S.A. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field <u>and</u> also provide the **certificate number** (if any) in the 'Other Information' field. Typically, more recent S.A. birth certificates issued on multi-coloured or light blue paper will have a certificate number.

For TAS birth certificates provide the registration number and the registration year e.g. 1952 using the 'Expiry or Issue Date' field.

For VIC birth certificates provide the registration number and the registration year e.g. 1952 using the 'Expiry or Issue Date' field.

Only W.A. birth certificates issued from 1930 onwards can be verified electronically. If you were born in W.A. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For W.A. birth certificates issued from 1930 onwards, provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field <u>and</u> provide the **registration district** noted on birth certificates typically issued between 1930 and 1983 using the 'Other Information' field.