Date of birth

AFSL No: 383080 | ABN: 40 145 378 383

**Investor Services:** 1800 999 109

## **FATCA FORM**

This Foreign Account Tax Compliance Act ('FATCA') Form is to accompany a Registration Form if you selected "Yes" to any of the relevant FATCA fields.

If you need assistance completing this form, please call GPS Investor Services on 1800 999 109

Individual 1	Individual 2	Individual 3
Full given name(s)	Full given name(s)	Full given name(s)
Surname	Surname	Surname
US TIN	US TIN	US TIN
( <i>P</i>	Please list on a separate piece of paper if there are	more than 3)
Trust		
	ntity is a trust created in the US, establishe	d under the laws of the US or a US
rovide the trust's US Taxpayer Id	dentification Number (TIN)	
	_	=S □ NO
	_	ES 🗆 NO
s the trust an exempt payee for landividual Trustees	US tax purposes?	
s the trust an exempt payee for landividual Trustees	_	
Provide the trust's US Taxpayer Ides the trust an exempt payee for Us andividual Trustees Please complete if any of the trust US Trustee 1	US tax purposes?	
s the trust an exempt payee for to individual Trustees Please complete if any of the trust	US tax purposes?	for tax purposes.
s the trust an exempt payee for the individual Trustees Please complete if any of the trust US Trustee 1	US tax purposes?	for tax purposes.  US Trustee 3
s the trust an exempt payee for the individual Trustees Please complete if any of the trust US Trustee 1	US tax purposes?	for tax purposes.  US Trustee 3
s the trust an exempt payee for the individual Trustees Please complete if any of the trust  US Trustee 1  Full given name(s)  Surname	US tax purposes?	for tax purposes.  US Trustee 3  Full given name(s)  Surname
s the trust an exempt payee for the individual Trustees Please complete if any of the trust  US Trustee 1  Full given name(s)	US tax purposes?	for tax purposes.  US Trustee 3  Full given name(s)

(If there are more than 3 US partners, provide the details of the additional US partners on a separate sheet)

Date of birth

Date of birth

## Company or Corporate Trustee

Please complete if the investing entity is a financial institution, or has a trustee that is a financial institution, for FATCA purposes.

Provide the Global Intermediary Identif	fication Number (GIIN), if applicable	
If the Company or Trustee does not ha  Deemed compliant Financial Institut  Exempt beneficial owner  Non reporting Financial Institution  Excepted Financial Institution  Other - please provide FATCA statu	ion	status. (Select only ONE of the following categories
Beneficiaries  Please complete if any of the benefician	ries are US citizens or residents of the	e US for tax purposes.
US Beneficiary 1	US Beneficiary 2	US Beneficiary 3
Full given name(s)	Full given name(s)	Full given name(s)
Surname	Surname	Surname
US TIN	US TIN	US TIN
Residential address (NOT PO Box)	Residential address (NOT PO Box)	Residential address (NOT PO Box)
Date of birth	Date of birth	Date of birth
Partnership  Please complete if the partnership was  Provide the Partnership's US Taxpayer		the laws of the US or a US taxpayer.
Is the Partnership an exempt payee for Partners Please complete if any of the partners a		
US Partner 1	US Partner 2	US Partner 3
Full given name(s)	Full given name(s)	Full given name(s)
Surname	Surname	Surname
US TIN	US TIN	US TIN
Residential address (NOT PO Box)	Residential address (NOT PO Box)	Residential address (NOT PO Box)
Date of birth	Date of birth	Date of birth

(If there are more than 3 US partners, provide the details of the additional US partners on a separate sheet)