

ESCALA
PARTNERS

Investment Account

Application Form



Escala Investment Account Application Form

Responsible Entity: Powerwrap Limited
(Australian Financial Services Licence No. 329829 ARSN 137 053 073)

Please complete this form and sign in the appropriate places. Refer to "How to complete the Application Form" in the Product Disclosure Statement for help in completing this Application Form. This Application Form accompanies the Product Disclosure Statement dated 27 March 2024. Please ensure that you have read and understood the Product Disclosure Statement, and any documents which form part of or accompany the Product Disclosure Statement, before signing this Application Form. Applications will only be accepted from investors who have signed the Application Form in Australia. The Responsible Entity reserves the right not to accept applications in the Scheme where a TFN or ABN is not provided.

Please note that fields marked with an ">" are mandatory

1. Registered Name and Designation

Refer to examples in "How to complete the Application Form"

> Registered name: _____

Account designation (if applicable): _____

2. Individual and Joint Investors – First Investor / First Director

Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

> Tax File Number (TFN): _____ ;or

If TFN is not provided, please state the reason for exemption



3. **Individual and Joint Investors –
Second Investor / Second Director**

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

> Tax File Number (TFN): _____ ;or
If TFN is not provided, please state the reason for exemption

4. **Third Investor / Third
Beneficiary / Third Director
in Proprietary Company**

Complete this section where you are a
Trustee Investor and where there are more
than two beneficiaries or where the Company
Investor has more than two directors.

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____



**5. Fourth Investor /
Fourth Beneficiary /
Fourth Director in
Proprietary Company**

Complete this section where you are a Trustee Investor and where there are more than three beneficiaries or where the Company Investor has more than three directors

> Title: Mr Mrs Miss Ms Dr Prof _____

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Residential Address (PO Box is NOT acceptable):

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Please provide an attachment with the above information for any additional directors or beneficiaries which are not named above.

**6. Company, Incorporated
Association, or Body**

Company Investors must also provide details of directors in "Individual and Joint Investors - First Director", "Individual and Joint Investors - Second Director" "Third Director" and "Fourth Director" as appropriate

> Name of Company, Incorporated Association or Body (as registered with ASIC): _____

> ABN/ACN/ARBN: _____

Tax File Number (TFN): _____

Is the company a public or private/proprietary company? Public Proprietary/Private _____

Is the company a: _____

Regulated Company
(licensed by an Australian Commonwealth, State or Territory statutory regulator)
Regulator Name: _____
Licence Details: _____

Australian Listed Company
Name of Market Exchange: _____
Licence Details: _____

Majority owned subsidiary of an Australian Listed Company
Australian Listed Company Name: _____
Name of Market Exchange: _____

Is the company incorporated in Australia? Yes No _____

If not, please advise the country of incorporation/registration _____

Is the company registered in the foreign country? Yes No _____



Company, Incorporated Association, or Body

*Nominated Contact/
First Authorised Signatory*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

> Corporate Title: Sole Director Director Secretary Trustee Other (specify)

*Nominated Contact/
Second Authorised Signatory*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names: _____

> Surname: _____

> Date of Birth: _____

Job Title: _____

Corporate Title: Sole Director Director Secretary Trustee Other (specify)

Registered Office address

PO Box is NOT acceptable

> Street Address: _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

*Principal Place of Business
if different from Registered
Office address*

PO Box is NOT acceptable

Street Address: _____

Suburb or town: _____

State: _____ Postcode: _____ Country: _____



7. Trust, Partnerships and Associations

Trustee Investors must also provide details of beneficiaries in “Individual and Joint Investors – First Investor”, “Individual and Joint Investors – Second Investor” “Third Beneficiary” and “Fourth Beneficiary” as appropriate

> Name of superannuation fund, trust, partnership, unincorporated business, unincorporated association or deceased estate:

If you are a Corporate Trustee, what is the business name of the Trustee, if any?

> ABN / ACN / ARBN:

> Tax File Number (TFN): _____ ;or

If TFN is not provided, please state the reason for exemption:

> Name of the Trust Settlor:

The Trust Settlor is the person who established the trust i.e. accountant.

If you are a Trustee Company, please complete section 6 for one Corporate Trustee.

If you are a trust, please indicate what type of trust you are by selecting one of the following options and provide the required information. Please also complete details of beneficiaries in sections 3, 4, 5 as applicable.

Registered Managed Investment Scheme

Provide Australian Registered Scheme Number (ARSN)

Regulated Trust (ie: an SMSF)

Name of Regulator (eg: ASIC, APRA, ATO)

ABN / registration / licensing details:

Government Superannuation Fund

Provide the name of the legislation establishing the fund:

Other Trust type

Describe the Trust (e.g.: Family, Unit, Charitable, Estate)

How many Trustees are there?

(Provide full name and address of each Individual Trustee, Partner, Chairman, Secretary or Treasurer on the following pages)



Trust, Partnerships and Associations

*Trustee 1 / Partner 1 /
Chairman of Association*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names or Company Name:

> Surname:

> Date of Birth:

Job Title:

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town:

> State: > Postcode: > Country:

*Trustee 2 / Partner 2 /
Secretary of Association*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names or Company Name:

> Surname:

> Date of Birth:

Job Title:

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town:

> State: > Postcode: > Country:



Trust, Partnerships and Associations

*Trustee 3 / Partner 3 /
Treasurer of Association*

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names or Company Name:

> Surname:

> Date of Birth:

Job Title:

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town:

> State: > Postcode: > Country:

Trustee 4 / Partner 4

> Title: Mr Mrs Miss Ms Dr Prof

> Given Names or Company Name:

> Surname:

> Date of Birth:

Job Title:

> Residential Address if individual Trustee or Company Registered Office Address
(PO Box is not acceptable):

> Suburb or Town:

> State: > Postcode: > Country:



Trust, Partnerships and Associations

First Authorised Signatory

> Title: Mr Mrs Miss Ms Dr Prof _____
> Given Names: _____
> Surname: _____
> Date of Birth: _____
Job Title: _____
> Corporate Title: Sole Director Director Secretary Trustee Other (specify) _____

Second Authorised Signatory

> Title: Mr Mrs Miss Ms Dr Prof _____
> Given Names: _____
> Surname: _____
> Date of Birth: _____
Job Title: _____
Corporate Title: Sole Director Director Secretary Trustee Other (specify) _____

Registered Office address

PO Box is NOT acceptable

> Street Address: _____

> Suburb or Town: _____
> State: _____ > Postcode: _____ > Country: _____

*Principal place of Business
or Administration if different
from Registered Office address*

PO Box is NOT acceptable

> Street Address: _____

> Suburb or Town: _____
> State: _____ > Postcode: _____ > Country: _____



8. **Beneficial Ownership**

Are there Beneficial Owners of the Company/Trust holding or controlling 25% or more?

> Yes

Beneficial Owner means an **individual (not a company, trust or other entity)** who ultimately 'Owns' or 'Controls' the investor. 'Owns' means ownership (either directly or indirectly) of 25% or more of the investor. 'Control' includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices and whether or not based on legal or equitable rights, and includes where an individual can exercise control through capacity to determine decisions about financial and operating decisions.

Please complete the remainder of this section. If the ownership of the Company/Trust is a further Company or Trust, you will need to keep providing Beneficial Ownership details of each entity until you have reached a natural person. If you require additional space, please attach a separate page to this application form with the details.

> No, I certify that there are no Beneficial Owners of the Company/Trust holding or controlling 25% or more?

We may contact you for further information.

Beneficial Owner 1

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Beneficial Owner 2

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____

Beneficial Owner 3

> Full Name: _____

> Date of Birth: _____

> Residential Address (PO Box is NOT acceptable): _____

> Suburb or town: _____

> State: _____ > Postcode: _____ > Country: _____



9. Tax information

Complete all

The following is a self-certification required under the (United States) Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS), for the automatic exchange of tax payer information between participating jurisdictions.

Are there any natural person(s), such as individual(s), settlors(s), trustee(s), beneficiary(ies) and/or controlling person(s) who hold 25% or more of share or voting rights, who are tax residents of a jurisdiction outside of Australia?

- > No
 Yes

If yes, please complete the table below with name, role/relationship to the account, the tax residency and tax identification number (i.e. TIN) for each natural person(s). Please list all relevant countries.

| Full Name | Role i.e. Director, Trustee, Beneficiary etc. | Country(ies)/ Jurisdictions of Tax Residence | Tax Identification Number If no state Exemption Reason A, B, C |
|-----------|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

If a TIN cannot be provided, please indicate which one of the following reasons applies:

Reason A: The country of tax residency does not issue TINs to tax residents

Reason B: The individual has not been issued with a TIN

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

10. Politically Exposed Persons

A Politically Exposed Person includes individuals who occupy a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.

Are any of the Applicants, Directors, Responsible Officials, Partners, Authorised Representatives, Authorised Signatories, Trustees, Beneficial Owners, Beneficiaries or any other persons listed in the application form, a Politically Exposed Person?

- > Yes No

If yes, please provide details

11. Contact details for correspondence

Complete all

The following contact details will be used for all communications (including single and joint accounts).

By providing your email address you are nominating to receive disclosure documents online. Online delivery includes disclosures as text in an email or an attachment to an email, written (paper or electronic) notice with a reference to a website address where the disclosure can be found; and PDSs and FSGs by sending an email with a hyperlink to the disclosure.

> Contact Name:

> Email Address:

> Contact Phone:

Mailing details

> Addressee(s):

> Street Address or PO Box:

> Suburb or Town:

> State:

 > Postcode:

 > Country:



12. **Tax status**

Complete all

> Select: Individual Joint Investors Partnership Super Fund Trust Company

> Please select the Capital Gains Tax Optimisation method to be applied.
If you do not select a tax accounting method, 'Minimise gain' will be applied:

Minimise gain (default) Maximise gain First in first out (FIFO) Manual

13. **Account details**

Cash Account

This account will be established with Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522 and used to process transactions for your Portfolio.

> Account Name: _____

> Account Number: _____

> BSB: _____

Nominated account/s

By providing nominated bank account information we are able to transfer funds to these accounts with your instructions over the phone and email.

> Account Name: _____

> Account Number: _____

> BSB: _____

> Account Name: _____

> Account Number: _____

> BSB: _____

Regular payments

Regular payments can be arranged for you by completing this section.

> Account Name: _____

> Account Number: _____

> BSB: _____ > Amount (\$AUD): _____

> Start Date: _____ > Frequency: _____

14. **Initial investment**

> Initial Investment Amount (\$)

The initial investment amount is used as the basis of calculating the Initial Advice Fee in Section 14.

The minimum initial investment in the Scheme is \$20,000. Please also ensure that you retain the minimum balance in your Cash Account following your initial investment.

If you are funding your Account through the transfer of units in managed fund(s), please complete the Transfer Form and Statutory Declaration Form available from your Financial Advisor. Please note that you can only transfer those managed funds that are available in the Available Products List.



15. **Regular monthly investment facility**

Optional

How much do you wish to invest each month? (\$)

When do you want to commence regular investment?

Regular investments are normally processed on the 15th of each month, or where this is a non-business day, they will be processed on the following business day. You must have sufficient funds in your Cash Account.

16. **Regular monthly withdrawal facility**

Optional

How much do you wish to withdraw each month? (\$)

When do you want to commence regular withdrawals?

Regular monthly withdrawals are normally processed on the 20th day of each month, or where this is a non-business day, they will be processed on the following business day. Funds availability will be subject to individual fund manager transaction turn-around times.

17. **Advisor fees**

Which advisor fees have you consented to?

Initial Advice Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 5.0% per annum excluding GST)

Ongoing Advisor Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 2.0% per annum excluding GST)

Advisor Review Fee: _____ % excluding GST, or \$ _____ per annum excluding GST (maximum 2.0% per annum excluding GST)

Exceptions:

18. **Broker fees**

Brokerage (ASX Listed Securities): _____ % excluding GST, or \$ _____ per transaction excluding GST (maximum 1.5%)

Brokerage (International Securities): _____ % excluding GST, or \$ _____ per transaction excluding GST (maximum 2%)

Brokerage charged may include an Advisor fee for performing the transaction.



19. Financial Advisor Transaction Authority

> Yes. I hereby authorise my Financial Advisor to transact on my Portfolio, and agree to the terms set out in this section and the Investor Declaration. *(The Responsible Entity cannot accept an Application Form without this Authority).*

The Responsible Entity or its agents will accept and act on instructions given by my Financial Advisor without requiring my signature, additional proof, instructions or further confirmation from me.

The Responsible Entity is authorised to act on instructions from my Financial Advisor in relation to the following transactions:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> a. Depositing the initial investment amount into my Scheme Account from my Cash Account. b. Full or partial withdrawals from the Scheme to my Cash Account (excluding in specie transfers out). c. Making investments for my Scheme Account | <ul style="list-style-type: none"> d. Changing a regular investment amount. e. Starting or stopping a regular investment amount. f. Changing a regular withdrawal amount. g. Starting or stopping a regular withdrawal amount. | <ul style="list-style-type: none"> h. Making elections on distribution re-investment where applicable. i. Changing my tax accounting method. j. Purchasing and selling investments within my Portfolio, including elections with respect to corporate actions. |
|---|--|---|

20. Financial Advisor declaration

Complete all

> Yes. I have verified the investor's identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. *The Responsible Entity cannot accept the Application Form without this declaration.*

> Yes. I have retained copies of the relevant Customer Identity Verification documents within the client file and will provide access to Powerwrap on request. *The Responsible Entity cannot accept the Application Form without this declaration.*

> Yes. I hold the investor's written consent to the advisor fees selected in section 17 and undertake to inform the Responsible Entity if the investor withdraws changes or withdraws consent to those fees.

> Yes. I accept the terms of the Financial Advisor Transaction Authority and agree to act in accordance with this authority and any instructions I receive from the investor. I agree to provide the investor with any information or documents that they request and require in relation to any transactions generated under this Authority. *The Responsible Entity cannot accept the Application Form without this declaration.*

a. I confirm that the Financial Advisor Practice / Licensee is a reporting entity which provides designated services within the meaning of item 54 of table 1 section 6 under the Anti-Money Laundering and Counter Terrorism Financing Act 2006.

b. The Financial Advisor Practice / Licensee has enrolled with AUSTRAC and has in place an Anti-Money Laundering Program which sets out the processes and procedures for carrying out customer identification and verification in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and its associated rules.

c. I confirm that all information provided in this Application Form is true and correct and records my agreement with the investor.

d. I acknowledge that the Responsible Entity will rely on the verification of the investor's identity that I have conducted.

e. I acknowledge that the Responsible Entity may request additional information from me from time to time to verify my records for the purpose of meeting the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

f. I hold an Australian Financial Service Licence, or

I am authorised through a Licensee to deal in and advise my clients in relation to the Scheme and the investments on the Available Product List.

g. I have provided the investor with a current Product Disclosure Statement for the Product and a disclosure document for each of their selected investments, including the fees and costs information (including the Indirect Cost Ratio (ICR) if applicable) for those assets held within in a model portfolio, and will continue to do so for any new investments they make (or, where they are invested in a model portfolio, where new investments are acquired in the model portfolio).

h. I have provided the investor with a current written recommendation to acquire the selected investments, and disclosed all remuneration and payments that may be received by my Licensee and me, and will continue to do so in relation to all new investments.

i. I have fully disclosed all fees and costs associated with investing in the Scheme and the administration of the investor's Portfolio.

j. I have disclosed to the investor the difference between holding investments directly and holding them through the Scheme, including that:

- all investments held in the Scheme are held in the name of the Scheme or the name of a custodian, meaning the investor will not receive direct communications and reporting from investment managers.

- as an indirect investor, the investor does not have the right to call, attend or vote at meeting of unit holders of the managed funds or companies in which they are invested.
- if they were a direct investor, they would be able to apply for and withdraw from investments without the minimum investment transaction limitations imposed by the Scheme.
- the time taken to process investment transactions may take longer than the time taken for a direct investment.
- the investor does not have any cooling off rights or rights to complain directly to the managed funds in which they are invested.

k. Any changes to agreed advisor fees will be approved by the investor prior to communicating this to the Responsible Entity.

l. I will not convey any instructions to the Responsible Entity relating to the investor without first receiving such instructions from the investor.

m. If I, my Licensee or the Promoter has an interest in or association with the investment manager of a managed fund, Model Portfolio or any other investment on the Available Product List that I am proposing or recommending to my client, I will bring this to the attention of my client and highlight the potential for a conflict of interest.



Financial Advisor declarations

- n. The Responsible Entity, at its sole discretion, may determine that the Responsible Entity will independently perform the applicable customer identification and /or identity verification procedures (or any part of such procedures) in respect of an investor.
- o. If the Responsible Entity is required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to provide any information to AUSTRAC or another government agency referred to in the Anti-Money Laundering and Counter Terrorism Financing Act 2006, the Financial Adviser Practice / Licensee must use its best endeavours to assist the Responsible Entity to comply with such a requirement.
- p. The Financial Adviser Practice agrees to indemnify the Responsible Entity from and against all liabilities, claims, demands, causes of action, losses, damages, costs and expenses of whatever nature (including legal fees) which any person may make against or seek to recover from the Responsible Entity or which the Responsible Entity may incur or suffer as a result of or in connection with or incidental to the failure by the Financial Adviser Practice to adequately identify or verify the identity of an investor pursuant to the requirements of the Anti-Money Laundering and Counter Terrorism Financing Act 2006.
- q. I agree to promptly check the accuracy of any trade confirmations sent by the Responsible Entity or its third party providers and to notify the Responsible Entity within 30 days of receiving such trade confirmations if any errors are identified in a timely manner. I acknowledge that, failing such notification, the Responsible Entity will regard the trade confirmation information to be true and accurate.
- r. The Investor has received FinEx's Terms of Trade which includes its Terms and Conditions, FinEX CHESS Sponsorship Agreement, FinClear's Disclosure Statement, the Direct Debit Request Service Agreement, FinEx's FSG, and FinClear's FSG.
- s. I confirm that I have considered the Target Market Determination (TMD) of the Product and assessed whether the investor is within the target market. I will notify Powerwrap of a significant dealing that is not consistent with the TMD as soon as practicable (within 10 business days) after becoming aware.

> Financial Advisor Name: _____

> Financial Advisor Practice Name: _____

> Financial Advisor email: _____

Licensee name: **Escala Wealth Management Pty Ltd**

> Licensee's AFSL No: _____

> Licensee's ABN: _____

> Financial Advisor's Signature: _____

> Date: _____

21. Investor declarations

(Complete all)

- > Yes. I /we hereby request the Responsible Entity open an account for me within the Scheme.
- > Yes. I /we hereby request the Responsible Entity to administer and report on my non-Scheme investments. I /we hereby grant a limited power of attorney to the Responsible Entity with full power and authority to undertake and perform the following on my /our behalf in accordance with instructions given by my Financial Advisor:
- apply for and open a Cash Account on my behalf to enable Scheme transactions, payment of fees and charges and receipt of dividend income from my ASX listed securities;
 - provide relevant information I have included in this Application Form, including my TFN and Cash Account details, to an approved stockbroker for the purposes of opening an account for me to enable trading in ASX-listed securities, which includes entering into an ASX Sponsorship Agreement and authorising the stockbroker to direct debit my Cash Account;
 - provide instructions to my broker in relation to corporate actions on any ASX-listed securities;
 - provide instructions to the relevant third party in relation to participating in class actions on my ASX and International share holdings
 - provide or complete any tax or tax related documentation required in any jurisdiction including US tax or tax related documentation;
 - apply, open and provide instructions for other accounts including deposit and fixed interest accounts as required to facilitate transactions of scheme and non-scheme assets;
 - make any other investments on the Available Product List that are available as non-Scheme assets;
 - arrange for the rollover, transfer or redemption of any assets held by me/us or on my/our behalf outside the Scheme irrespective of whether they are administered by the Responsible Entity or not;
 - notify my /our contact details and my /our TFN and Cash Account details in respect of any new non-Scheme investments or purchases made on my /our behalf; and
 - deduct from my Cash Account the administration and advice fees payable in respect of my non-Scheme investments.
- This power of attorney may be revoked by me / us at any time.
- > Yes. I authorise my Financial Advisor to transact on my Portfolio.
The Responsible Entity cannot accept the Application Form without this declaration.
- > Yes. I agree to the Advisor Fees stated in Section 17 and the Broker Fees stated in Section 18
- > Yes. I agree to participate in the Class action monitoring service



Investor declarations

I/we hereby declare:

- a. I/we have received, read and understood the Scheme Product Disclosure Statement and am/are able to make these declarations.
- b. I/we agree to be bound by the terms of the Product Disclosure Statement and the Scheme Constitution.
- c. I/we agree to receive all transaction confirmations and reports via online access and/or email and accept the terms and conditions of access to the technology. Further, I/we acknowledge that all communications will be sent to the email address I have provided in this Application Form, and that if I have nominated an email address not under my control, including my Financial Advisor's email address, it is my responsibility to ensure I receive such communications.
 - i. I/we indemnify and agree to keep indemnified the Responsible Entity against any loss, liabilities, costs and other charges and expenses arising from claims that I/we did not receive communications.
- d. I/we have elected to provide my/our Financial Advisor with an Advisor Transaction Authority described in this Application Form. In doing so:
 - i. I/we authorise my/our Financial Advisor to communicate my instructions in relation to my Portfolio.
 - ii. I/we authorise the Responsible Entity to accept and act on instructions received from my Financial Advisor without requiring my signature, additional proof, instructions or further confirmation from me/us.
 - iii. I/we authorise my/our Financial Advisor to insert account details of my/our Cash Account on my behalf within this Application Form and understand that the Responsible Entity is being authorised by me to be a Full Access Authorised Operator on the Cash Account.
 - iv. I/we acknowledge that the Responsible Entity will act on instructions received from my/our Financial Advisor in relation to my/our Portfolio as if they were instructions received direct from me/us.
 - v. I/we indemnify and agree to keep the Responsible Entity indemnified against any loss, liabilities, costs and other charges and expenses arising from carrying out those instructions
- e. If I am/we are an individual investor(s), I am/we are 18 years of age or over.
- f. If I am/we are investing under a delegation of authority, I/we confirm that I am/we are investing in accordance with my/our designated powers and authority.
- g. The statements and answers provided in this Application Form are true and complete, and I/we will notify the Responsible Entity of any change of my/our personal details or circumstances as soon as possible.
- h. I/we authorise Tax File Numbers provided to be used in conjunction with my/our Portfolio.
- i. I/we have read the Privacy Statement in the PDS and I/we authorise the Responsible Entity to use my/our personal information in accordance with the Responsible Entity's Privacy Policy.
- j. I/we authorise the Responsible Entity to provide and/or allow access to information on the status of my/our Portfolio to my/our nominated Financial Advisor and their Licensee.
- k. I/we confirm that I/we are eligible to invest in the Scheme and that my/our investment does not breach any law or ruling or other binding obligation.
- l. I/we understand the risks as described in the Product Disclosure Statement associated with investing in the Scheme.
- m. I/we understand that the value of investments may rise or fall from time to time, and that that neither investment performance nor the repayment of capital is (or can ever be) guaranteed. Further, I/we acknowledge that the Responsible Entity does not assess the suitability or appropriateness of investments or the skills of investment managers available via the Scheme, and that I have formed my own view in relation to each investment and am solely responsible for each investment decision.
- n. I understand the difference between holding investments directly and holding them through the Scheme, as described on page 21 of the PDS, including that:
 - i. all investments held in the Scheme are held in the name of the Scheme or the name of a custodian, meaning I will not receive direct communications and reporting from investment managers.
 - ii. as an indirect investor, I will not have the right to call, attend or vote at meeting of unit holders of the managed funds or companies in which I am invested.
 - iii. if I were a direct investor, I would be able to apply for and withdraw from investments without the minimum investment transaction limitations imposed by the Scheme.
 - iv. the time taken to process investment transactions through the Scheme may take longer than the time taken for a direct investment.
 - v. I will not have any cooling off rights or rights to complain directly to the managed funds in which I am invested.
- o. I also understand that my Financial Advisor and / or its Licensee and / or the Promoter may have an interest in or association with an investment manager or an investment in the Available Products List, that might cause my Financial Advisor and / or its Licensee and / or the Promoter to have a conflict of interest in recommending such investments, and that the Responsible Entity is not responsible for bringing this to my attention.
 - i. To the extent permitted by law, the Responsible Entity disclaims, and I/we release and indemnify the the Responsible Entity in respect of, any liability which may arise as a result of me/us investing in any investment available via the Scheme.
- p. I/we confirm acceptance of the fees and costs detailed in the Product Disclosure Statement, including for the administration of non-Scheme assets and those agreed between me/us and my/our Financial Advisor in this Application Form, and authorise the Responsible Entity to deduct these fees and costs from my/our Cash Account. I hereby authorise my Financial Advisor to request the Responsible Entity also to administer my relevant investments held outside the Scheme and to consolidate those investments with my investments within the Scheme, and to levy all fees and costs on the basis of that consolidated Portfolio, as described in the Fees and Costs section of the PDS.
- q. I/we acknowledge that the Responsible Entity has no knowledge of my/our personal circumstances or the advice I/we receive from my/our Financial Advisor and that the Responsible Entity has no basis on which to form a view as to the reasonableness or appropriateness of the advice, fees or investment recommendation in relation to my/our personal situation. I/we further acknowledge that my Financial Advisor is not an agent of the Responsible Entity, and has not been assessed, vetted or approved by the Responsible Entity.
- r. I/we acknowledge that where I/we fail to provide any required information or documentation that the Responsible Entity has the right not to accept this Application Form or any instruction for a transaction, and that the Responsible Entity will not be liable for any loss that may arise.
- s. I/we understand that the Responsible Entity may terminate my/our Scheme Account if I/we do not comply with its terms and conditions and that the termination of my/our Account will also terminate the administration and reporting service in respect of my non-Scheme assets.
- t. I/we acknowledge that if I/we cease to be advised by my/our Financial Advisor I/we will inform the Responsible Entity, and will nominate a new Financial Advisor acceptable to the Responsible Entity. I further acknowledge that my Scheme Account may be terminated if I do not at all times have a Financial Advisor.
- u. I agree that Powerwrap can provide electronic copies of any regulated documents, including the annual investor statement and Product Disclosure Statement updates, to me by providing them to my eligible agent (my appointed financial adviser).
- v. I/we acknowledge that:
 - i. the Model Manager is the owner of all intellectual property in connection with each Model Portfolio;
 - ii. I/we have read the relevant disclosure documentation for each investment I am considering, that I/we have taken advice from my Financial Advisor and/or formed my/our own view in relation to each investment of the Model Portfolio, and I/we understand the risks of each investment;
 - iii. the Model Manager gives no warranty as to the performance of the Model Portfolio;
 - iv. to the extent permitted by law, the Model Manager disclaims, and I/we release and indemnify the Model Manager in respect of, any liability which may arise as a result of me/us investing in the Model Portfolio; and
 - v. the Model Manager may give advice and take action for itself or others which differs from advice given and action taken in relation to a Model Portfolio.
 - vi. the information that I have provided in the FATCA & CRS Self Certification section is true, accurate and complete as at the date signed and will continue to be so until I am no longer a member of the Powerwrap MIS or I notify Powerwrap otherwise.



ESCALA

PARTNERS

Investor declarations

*Signed, sealed and delivered
by Individual Investor –
First Investor/or Company
officer/Trustee*

> Given Names: _____
> Surname: _____
> Signature: _____
> Date: _____
> If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

*Signed, sealed and delivered
by Individual Investor –
Second Investor/or Company
officer/Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

*Signed, sealed and delivered
by additional Company officer
or Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____

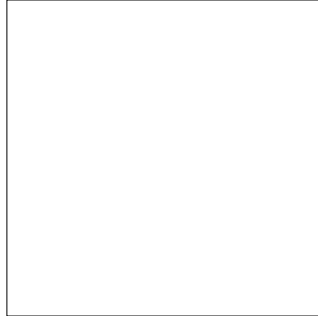
*Signed, sealed and delivered
by additional Company officer
or Trustee*

Given Names: _____
Surname: _____
Signature: _____
Date: _____
If Company Officer or Trustee, specify Corporate Title:
 Sole Director Director Secretary Trustee Other (specify) _____



Investor declarations

Companies may execute in any way allowable by law. Affix a Common Seal if required:



22. Checklist

Before submitting this application, please ensure that:

- a. This Application Form is complete and signed by all applicants.
- b. You have provided (any) required supporting documentation outlined in "How to complete the Application Form".
- c. If you are funding your account through transfer of existing investments, that you have completed the appropriate forms available from your Financial Advisor.



A Limited Power of Attorney is a legal document that entitles one or more people to act on behalf of another person for certain purposes. You should speak with your financial adviser about the financial implications of a LPOA, and a solicitor about the legal implications of a LPOA.

PART 1 - ACCOUNT DETAILS

These details must match the account name and type listed in the application form.

Account name

Account type (Individual / Joint / Company / Trust / Superannuation Fund) ACN/ABN (if applicable)

PART 2 - TERMS AND CONDITIONS

In order for the 'Services' to be provided to the account named at Part 1, the client (or each of them, if more than one) whose details appear at Part 3 (Client) hereby appoints Praemium Limited ABN 74 098 405 826 of Level 19, 367 Collins St, Melbourne, 3000, Victoria and its wholly own subsidiaries Praemium Australia Limited ABN 92 117 611 784, Powerwrap Limited ABN 67 129 756 850, MWH Capital Pty Ltd ABN 64 136 888 956 (collectively referred to as Praemium), and any officer of Praemium or its wholly owned subsidiaries (jointly and/or severally) as its duly appointed attorney (Attorney) to undertake and perform the following actions on behalf of the Client and in the Client's name (LPOA):

- a. apply for, complete and execute the application form to open accounts (including a cash management account or investment account) with any bank, financial institution, or financial service providers (including with an ASX Participant) (Accounts);
- b. provide the Client's tax file number and other information about the Client as is necessary to open the Accounts;
- c. access, deduct and pay from my Accounts all authorised fees and costs to settle all investment purchases;
- d. access the Accounts to pay in proceeds from the sale of Client investments and the receipt of dividend income from investments and any associated rights belonging to the Client;
- e. enter a CHESS Sponsorship Agreement with an ASX Participant to enable trading in ASX-listed securities and authorising an approved stockbroker to direct debit my Accounts for this purpose;
- f. provide instructions to facilitate transactions on my Accounts to my broker and the relevant third party and, instructions relating to corporate actions on any ASX and international listed securities;
- g. buy, apply or subscribe for, accept transfers or rollovers of investments and any associated rights by completing and executing application and/or transfer forms (which may include a power of attorney);
- h. sell, transfer, arrange for the rollover or request the repurchase or redemption of investments and any associated rights belonging to the Client, by completing and executing redemption or transfer forms;
- i. change registration details of the Client's investments and any associated rights in the Client's name;
- j. operate the Accounts in all respects including without limitation making payments to third parties on the Client's behalf;
- k. close Accounts, where necessary;
- l. provide or complete any tax or tax related documentation required in any jurisdiction including but not limited to US tax or tax related documentation; and
- m. do all things necessary or expedient to give effect to the actions (as the Attorney sees fit) referred to above.

The Attorney hereby agrees to such appointment and to act in accordance with such appointment.

The Client hereby agrees and acknowledges:

- a. to ratify any acts done by the Attorney;
- b. that anything done by the Attorney pursuant to this LPOA will be binding on the Client as if those acts had been done by the Client;
- c. to indemnify and keep indemnified the Attorney against all claims, losses and expenses arising from the proper exercise of this LPOA;
- d. that this LPOA will remain in full force and effect until notice of the revocation of this LPOA is received by the Attorney and any person or corporation dealing with the Attorney may accept in good faith a written statement signed by the Attorney to the effect that this LPOA has not been revoked as conclusive evidence of that fact;
- e. that any Notice of the revocation of this LPOA must be in writing and delivered to the Attorney. Any Notice of revocation will not affect or terminate any actions already undertaken by the Attorney;
- f. that the Attorney may exercise its powers under this LPOA even if the Attorney or one of its associates benefit from the exercise of that power; and
- g. that the exercise by the Attorney of any power under this LPOA does not imply an assumption of personal liability by the Attorney on the exercising of the power.

PART 3 - EXECUTION

Executed by the

Client(s) Client 1 name

Client 2 name

Signature

Signature

Date

Date

Capacity (Joint investor / Director / Secretary / Trustee)

Capacity (Joint investor / Director / Secretary / Trustee)

Client 3 name

Client 4 name

Signature

Signature

Date

Date

Capacity (Joint investor / Director / Secretary / Trustee)

Capacity (Joint investor / Director / Secretary / Trustee)

In the presence of (Witness details)

Witness name

Street address

Town

State

Postcode

Signature

Date

Completed original LPOA must be posted to: Powerwrap Limited, PO Box 16071, Collins St West 8007

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. October 2021)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/FormW8BEN for instructions and the latest information.

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

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

| | | | |
|---|--|---|--|
| 1 Name of individual who is the beneficial owner | | 2 Country of citizenship | |
| 3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. | | | |
| City or town, state or province. Include postal code where appropriate. | | Country | |
| 4 Mailing address (if different from above) PO Box 16071 | | | |
| City or town, state or province. Include postal code where appropriate. Collins Street West, VIC, 8007 | | Country Australia | |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) | | | |
| 6a Foreign tax identifying number (see instructions) | | 6b Check if FTIN not legally required <input type="checkbox"/> | |
| 7 Reference number(s) (see instructions) | | 8 Date of birth (MM-DD-YYYY) (see instructions) | |

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

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

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

Instead use Form:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

| | |
|--|---|
| 1 Name of organization that is the beneficial owner | 2 Country of incorporation or organization |
|--|---|

| |
|---|
| 3 Name of disregarded entity receiving the payment (if applicable, see instructions) |
|---|

4 Chapter 3 Status (entity type) (Must check one box only):

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Foreign Government - Controlled Entity |
| <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign Government - Integral Part |
| | <input type="checkbox"/> International organization | | |

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. Yes No

5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)

| | |
|---|---|
| <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. <input type="checkbox"/> Active NFFE. Complete Part XXV. <input type="checkbox"/> Passive NFFE. Complete Part XXVI. <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. <input type="checkbox"/> Account that is not a financial account. |
|---|---|

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

| | |
|---|---------|
| City or town, state or province. Include postal code where appropriate. | Country |
|---|---------|

7 Mailing address (if different from above)
PO Box 16071

| | |
|---|----------------------|
| City or town, state or province. Include postal code where appropriate. Collins Street West, VIC, 8007 | Country Australia |
|---|----------------------|

Part I Identification of Beneficial Owner (continued)

8 U.S. taxpayer identification number (TIN), if required _____

| | | |
|----------------------|----------------------------|---|
| 9a GIIN _____ | b Foreign TIN _____ | c Check if FTIN not legally required. <input type="checkbox"/> |
|----------------------|----------------------------|---|

10 Reference number(s) (see instructions) _____

Note: Please complete remainder of the form including signing the form in Part XXX.

Part II Disregarded Entity or Branch Receiving Payment. (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)

11 Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment

Branch treated as nonparticipating FFI. Reporting Model 1 FFI. U.S. Branch.

Participating FFI. Reporting Model 2 FFI.

12 Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address). _____

City or town, state or province. Include postal code where appropriate. _____

Country _____

13 GIIN (if any) _____

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

| | |
|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Company that meets the ownership and base erosion test |
| <input type="checkbox"/> Tax-exempt pension trust or pension fund | <input type="checkbox"/> Company that meets the derivative benefits test |
| <input type="checkbox"/> Other tax-exempt organization | <input type="checkbox"/> Company with an item of income that meets active trade or business test |
| <input type="checkbox"/> Publicly traded corporation | <input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received |
| <input type="checkbox"/> Subsidiary of a publicly traded corporation | <input type="checkbox"/> No LOB article in treaty |
| | <input type="checkbox"/> Other (specify Article and paragraph): _____ |

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 **Special rates and conditions** (if applicable—see instructions):
 The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part IV Sponsored FFI

16 Name of sponsoring entity: _____

17 **Check whichever box applies.**

I certify that the entity identified in Part I:

- Is an investment entity;
- Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**
- Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

I certify that the entity identified in Part I:

- Is a controlled foreign corporation as defined in section 957(a);
- Is not a QI, WP, or WT;
- Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**
- Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.

Part V Certified Deemed-Compliant Nonregistering Local Bank18 I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts19 I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle

20 Name of sponsoring entity: _____

21 I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity22 I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

Part IX Certain Investment Entities that Do Not Maintain Financial Accounts23 I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

Part X Owner-Documented FFI

Note: This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.

Part X Owner-Documented FFI (continued)**Check box 24b or 24c, whichever applies.**

- b** I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
 - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
 - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); **and**
 - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
 - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

Check box 24d if applicable (optional, see instructions).

- d** I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

Part XI Restricted Distributor

- 25a** (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
 - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
 - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
 - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
 - Does not solicit customers outside its country of incorporation or organization;
 - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
 - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; **and**
 - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Check box 25b or 25c, whichever applies.

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

Part XII Nonreporting IGA FFI

- 26** I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____ . The applicable IGA is a Model 1 IGA or a Model 2 IGA; and is treated as a _____ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
 - If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor _____ .
The trustee is: U.S. Foreign

Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue

- 27** I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XIV International Organization

Check box 28a or 28b, whichever applies.

- 28a** I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).
- b** I certify that the entity identified in Part I:
- Is comprised primarily of foreign governments;
 - Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
 - The benefit of the entity's income does not inure to any private person; **and**
 - Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

Part XV Exempt Retirement Plans

Check box 29a, b, c, d, e, or f, whichever applies.

- 29a** I certify that the entity identified in Part I:
- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
 - Is operated principally to administer or provide pension or retirement benefits; **and**
 - Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.
- b** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - No single beneficiary has a right to more than 5% of the FFI's assets;
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; **and**
 - (i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;
 - (ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));
 - (iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); **or**
 - (iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.
- c** I certify that the entity identified in Part I:
- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
 - Has fewer than 50 participants;
 - Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
 - Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
 - Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; **and**
 - Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

Part XV Exempt Retirement Plans *(continued)*

- d I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); **or**
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

Part XVI Entity Wholly Owned by Exempt Beneficial Owners

- 30 I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
 - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
 - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
 - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; **and**
 - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

Part XVII Territory Financial Institution

- 31 I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

Part XVIII Excepted Nonfinancial Group Entity

- 32 I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
 - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
 - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle with an investment strategy to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XIX Excepted Nonfinancial Start-Up Company

- 33 I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) _____ (date must be less than 24 months prior to date of payment);
 - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
 - Is investing capital into assets with the intent to operate a business other than that of a financial institution; **and**
 - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy

- 34 I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on _____;
 - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
 - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; **and**
 - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

Part XXI 501(c) Organization

35 I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated _____; **or**
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

Part XXII Nonprofit Organization

36 I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; **and**
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation

Check box 37a or 37b, whichever applies.

37a I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

b I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____.

Part XXIV Excepted Territory NFFE

38 I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
 - (i) Does not accept deposits in the ordinary course of a banking or similar business;
 - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; **or**
 - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; **and**
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

Part XXV Active NFFE

39 I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

Part XXVI Passive NFFE

40a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); **or**
- c I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.

