

You must complete and return a W-8BEN-E form if you wish to trade shares listed in the United States (U.S.) on your trading account.

The W-8BEN-E Form is a U.S. Internal Revenue Service (IRS) form used to reflect the documentation requirements of Chapter 4 and is only required for non-U.S. residents. By completing the form you may be eligible to pay a reduced rate of withholding tax.

Please **DO NOT** complete this form if you are a U.S. citizen or Green Card holder.

W-8BEN-E forms remain in effect until 31 December three years after the date of signing, unless there are any changes in your personal circumstances. For example, a Form W-8BEN-E form signed on May 31, 2017, remains valid through to and including December 31, 2020.

Please be informed that PhillipCapital is unable to provide you with any tax advice in relation to your declaration. For further advice, please contact the IRS or your tax adviser.

Account Type	Parts to Complete
SMSF Account	<p>Only ONE Trustee is required to complete a W-8BEN-E-E for a SMSF Account.</p> <p>Part I: 1, 2, 4, 5, 6, 7, 8, 9a and 9b</p> <p>Part III: 14a and b</p> <p>Part XII: 26</p> <p>Sign Part XXX</p>
Corporate SMSF Account	<p>ALL Trustees are required to complete a W-8BEN-E-E for a Corporate SMSF Account.</p> <p>Part I: 1, 2, 4, 5, 6, 7, 8, 9a and 9b</p> <p>Part III: 14a and b</p> <p>Part XII: 26</p> <p>Sign Part XXX</p> <p>Trustees = Directors with signing authority for the Corporate Trust</p>

Please return your signed and completed form to:

**By Email:**

Scan the completed form to your adviser or [settlements@phillipcapital.com.au](mailto:settlements@phillipcapital.com.au)

**By Post:**

PhillipCapital International Trading Desk  
PO Box 628 Collins Street West VIC 8007

Notes:

Part I: Can be completed electronically

Part III: Must be signed by hand

Alterations are not allowed; please use a new form if changes are required.

**SAMPLE FOR TYPICAL SUPERANNUATION FUND ACCOUNT**  
**- FOR REFERENCE ONLY**

Account Number  
Internal use only

Form **W-8BEN-E**  
(Rev. April 2016)  
Department of the Treasury  
Internal Revenue Service

**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.  
► Information about Form W-8BEN-E and its separate instructions is at [www.irs.gov/formw8bene](http://www.irs.gov/formw8bene).  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form for:**

- 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 U.S. (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 . . . . . W-8IMY

**Instead use Form:**

**Part I Identification of Beneficial Owner**

1 Name of organization that is the beneficial owner <b>Lucky Superannuation Fund</b>	2 Country of incorporation or organization <b>Australia</b>
3 Name of Superannuation Fund (SMSF) must match to the Trust Deed (Do not use any abbreviations)	
4 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 a limited FFI or an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).	
<input checked="" type="checkbox"/> <b>Nonreporting IGA FFI. Complete Part XII.</b>	
<input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign 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"/> 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).**  
**1 COLLINS STREET**  
City or town, state or province. Include postal code where appropriate.  
**MELBOURNE VIC 3000** Country **AUSTRALIA**

7 Mailing address (if different from above)  
**PO BOX 125**  
City or town, state or province. Include postal code where appropriate.  
**MELBOURNE VIC 3000** Country **AUSTRALIA**

8 U.S. taxpayer identification number (TIN), if required  
9a GIIN  
b Foreign TIN  
**12 345 678 901**

10 Reference number(s) (see instructions)  
Part I (9b) – Fill in your ABN number if any

**Part I (6)**  
**Individual SMSF** – Complete residence address as per application form.  
**Corporate SMSF** – Complete residence address as listed on the ASIC register

**Select Complex trust for US purposes**

**Select "Nonreporting IGA FFI" for Australian Superannuation**

**Note:** Please complete remainder of the form including signing the form in Part XXX.  
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59689N Form **W-8BEN-E** (Rev. 4-2016)

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

14 I certify that (check all that apply):
a [X] The beneficial owner is a resident of AUSTRALIA within the meaning of the income tax treaties and that country.
b [X] 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):

- Government
Tax exempt pension trust or pension fund
Other tax exempt organization
Publicly traded corporation
Subsidiary of a publicly traded corporation
Company that meets the ownership and base erosion test
Company that meets the derivative benefits test
Company with an item of income that meets active trade or business test
Favorable discretionary determination by the U.S. competent authority received
[X] Other (specify Article and paragraph): Ownership Test Article 16 Paragraph 1

https://www.irs.gov/businesses/international-businesses/australia-tax-treaty-documents
Tax Treaty has a "limitation on benefits" Article 16 requiring that the ownership of the Superannuation Fund is at least 75% held by Australian residents.

Select Part XII (26) and fill in the details as follows if you are an Australian resident and meet the requirements for a Non-reporting IGA FFI and your Superannuation Fund is treated as an Australian Retirement Fund under the Tax Treaty.

Part XII Nonreporting IGA FFI

26 [X] 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 AUSTRALIA. The applicable IGA is a [X] Model 1 IGA or a [ ] Model 2 IGA; and is treated as a AUSTRALIAN RETIREMENT FUND under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
Select Model 1 IGA
• If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor whose GIIN is provided on line 9a (if any) ; and your GIIN (if issued to you) .

Part XXX Certification

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

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

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit

Authorised signatory to sign by hand (No digital signature)

Full name of the signer

DATE (e.g. 01 Jun 2016) must be completed in MM-DD-YYYY

Sign Here

PETER JACK JASON
Signature of individual authorized to sign for beneficial owner

Print Name

06-01-2016

Date (MM-DD-YYYY)

[X] I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Select to confirm that you have the capacity to sign for the entity