## HOW TO COMPLETE YOUR W-8BEN-E FORM

**Trust Account** 



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, 2021, remains valid through to and including December 31, 2024.

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
Trust Account -Individual Trustees	Part I: 1, 2, 4, 5, 6, 7, 8, Part III: 14a and b Part XXV or XXVI (Choose applicable) Sign Part XXX
Trust Account -Corporate Trustee	Part I: 1, 2, 4, 5, 6, 7, 8, Part III: 14a and b Part XXV or XXVI (Choose applicable) Sign Part XXX
Account Type	Parts to Complete

Please return your signed and completed form to:

By Email:

Scan the completed form to your adviser or settlements@phillipcapital.com.au

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

Notes:
All Parts (Excluding XXX): can be completed electronically
Part XXX, must be signed by hand
Alterations are not allowed. If you make a mistake please start again.

IMPORTANT DO NOT USE THIS FORM IF:	es Tax Withholding and Re s must use Form W-8BEN. > Section referen s.gov/FormW8BENE for instructions and m to the withholding agent or payer. Do	es are to the Internal Revenue Code. the latest information.	OMB No. 1545-1621
			Instead use Fo
U.S. entity or U.S. citizen or resident			
A foreign individual	official connected with the conduc		N (Individual) or Form
<ul> <li>A foreign individual or entity claiming that income is (unless claiming treaty benefits)</li> </ul>	s effectively connected with the conduc	or trade or business within the	W-
A foreign partnership, a foreign simple trust, or a foreign simple trust.	oreign grantor trust (unless claiming treat	v benefits) (see instructions for e	
<ul> <li>A foreign government, international organization, for government of a U.S. possession claiming that inco 501(c), 892, 895, or 1443(b) (unless claiming treaty</li> </ul>	oreign central bank of issue, foreign tax- ome is effectively connected U.S. incom	exempt organization, foreign prive or that is claiming the applicable	vate foundation, or bility of section(s) 115(
Any person acting as an intermediary (including a continuous)	qualified intermediary acting as a qualified	d derivatives dealer)	W-
Part I Identification of Beneficial	Owner	an an	
<ol> <li>Name of organization that is the beneficial or</li> </ol>	wner	2 Country of incorporation	or organization
Phillip Melbourne Trust		Australia	
3 Name of disregarded entity receiving the pay	ment (if applicable, see instructions)	<b>A</b>	
8		1 PROPERTY (1996-2014) (1996-2014) (1996-2014)	
Chapter 3 Status (entity type) (Must check or		Partnership	
	ot organization Complex trust		mment - Controlled E
Central Bank of Issue Private for			rnment - Integral Part
Grantor trust Disregard			Baw D.V. D
If you entered disregarded entity, partnership, simple to	rust, or grantor trust above, is the entity a hybrid i		
5 Chapter 4 S Nonpart 1 Name of Trust must	match the name in the applicat	ion and entity's ap	plicable status.)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t use abbreviations)		i. J.S. possession, or for
exempt Trust Deed . (Do 110	t use appreviations)	nplete Part XII	
2 Enter "Australia" -		Complete Pa	rt XIV
Reportin 3 Leave Blank		Complete Par	
Reportin 4 Select Complex Trus	st		owners. Complete Part
Register 5 Select Active or Pas	sive, Refer to Part XXV or XXVI	on. Complete l	Part XVII.
FFI, sponsored FFI, or nonreporting tax	Excepte	ed nonfinancial group entity. Con	nplete Part XVIII.
See instructions.	Excepte	ed nonfinanci <mark>al start-up compan</mark>	y. Complete Part XIX.
Sponsored FFI. Complete Part IV.		ed nonfinanci <mark>al entity in liquidation</mark>	on or bankruptcy.
Certified deemed-compliant nonregister		te Part XX.	
Part V.		rganization. Complete Part XXI.	
ate Trustee: complete registered address as	listed on ASIC I	fit organization. Complete Part X	
lication form	L Fublicity	traded NFFE or NFFE affiliate o tion. Complete Part XXIII.	r a publicly traded
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· .		IFFE. Complete Part XXV.	.7047.
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omplete Part IX.		eporting NFFE.	
Owner-documented FFI. Complete Part	X. Sponso	red direct reporting NFFE. Comp	plete Part XXVIII.
Restricted distributor. Complete Part XI.	Accoun	t that is not a financial account.	OCT VIOLENCE OF THE PROPERTY OF BUTTER
6 Permanent residence address (street, apt. or su	ite no., or rural route). Do not use a P.O. b	ox or in-care-of address (other to	han a registered addres
Level 5, 45 William Street			
City or town, state or province. Include posta	al code where appropriate.	Country	
MELBOURNE VIC 3000		AUSTRALI	A
7 Mailing address (if different from above) PO BOX 628			
City or town, state crovince. Include posta	al code where appropriate.	Country	
COLLINS STREET WEST VIC 8007		AUSTRALI	A
COLLINS STREET WEST VIC 8007			

You can complete your PO Box address in (7) , if you have provided the Street address in Part 6

Form W	/-8BEN-E (Rev. 10-2021)	(0)		N for Corporate 1	_				Page 2
Par	The state of the s	neficial Ov	wner (c	(continued)					Page Z
8	U.S. taxpayer identification numb			/					
	3.2				_				
9a	GIIN	<b>b</b> Fo	reign TII		c C	heck if F	TIN not legally requi	red	▶□
10	Reference number(s) (see instruct	tions)	123 4	456 789 101	_				
Note:	Please complete remainder of the f	orm including	signing	g the form in Part XXX	C				
Par	t II Disregarded Entity	or Branch	Rece	eiving Payment.	(Comple	ete onl	v if a disregarde	d entity with a	GIIN or a
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11	Chapter 4 Status (FATCA status)	100	Antonio .		100			5 00	
	Branch treated as nonparticip	pating FFI.	to be a second	Reporting Model 1 F			U.S. E	3ranch.	
				Reporting Model 2 F or suite no., or rural r		not us	e a P.O. box or in-	care-of address	(other than a
III. (14	•		(						.,
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1	any)								
Par	Claim of Tax Treaty	, Ronofite	(if appl	dicable) (For cha	ntor 2 n	urnosc	os only )		
14	I certify that (check all that apply):		(п аррі	olicable). (For cha	pier a p	urpose	es only.)		
а	The beneficial owner is a resi		<b>TRALIA</b>	N .			within the n	neaning of the inc	ome tax
	treaty between the United Sta	ates and that o	country.	<i>i</i> .					
b	The beneficial owner deriver	s the Item (o	r items)	s) of income for whi	ch the tr	eaty be	nefits are claimed,	and, if applicab	e, meets the
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## 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 . The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y; . The entity identified on line 1 of this form is not a U.S. person; **IMPORTANT** • This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, This is American (USA) format Only duct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the part Part XXX. Select Month/Day/Year nected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withhou For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instruction We will reject if not in this format more, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial ow ee that I will submit a new form within 30 days if any certification on this form becomes incorrect. I certify that I have the capacity to sign for the entity identified on line 1 of this form.

PHILLIP MELBOURNE

Print Name

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

09/20/2021

Date (MM-DD-YYYY)

Sign by Hand

Signature of individual authorized to sign for beneficial owner

Sign Here