

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

The W-8BEN 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.

For Joint Account, each account holder must complete a separate copy of the W-8BEN form.

W-8BEN 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 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.**

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

For Joint Account, each account holder must complete a separate copy of the W-8BEN form.

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

**SAMPLE FOR INDIVIDUALS – FOR REFERENCE ONLY**

Form **W-8BEN**  
(Rev. January 2017)  
Department of the Treasury  
Internal Revenue Service

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

▶ For use by individuals. Entities must use Form W-8BEN-E.  
▶ Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Account Number  
**Internal use only**  
OMB No. 1545-1621

**Do NOT use this form if:**

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

**Instead, use Form:**  
W-8BEN-E  
W-9  
W-8ECI

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

**Part I Identification of Beneficial Owner** (see instructions)

1 Name of individual who is the beneficial owner  
**PETER JASON**

2 Country of citizenship  
**AUSTRALIA**

3 Permanent residence address (street, apt. or suite no., or rural route) **Do not use a P.O. box or in-care-of address**  
**1 COLLINS STREET**

City or town, state or province. Include postal code where appropriate.  
**MELBOURNE VIC 3000**

4 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**

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6 Foreign tax identifying number (see instructions)

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)  
**12 - 22 - 1990**

**DO NOT complete Part I (6)**

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

9 I certify that the beneficial owner is a resident of **AUSTRALIA** 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 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,
- 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 applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- 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 not be held liable for any certification made on this form becomes incorrect.

**DATE (e.g. 01 Jun 2017) must be completed in MM-DD-YYYY**

**Sign Here** ▶ **Account Holder to sign by hand (No digital signature)**

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

Date (MM-DD-YYYY)  
**06 - 01 - 2017**

Print name of signer  
Capacity in which acting (if form is not signed by beneficial owner)

**For Paperwork Reduction Act Notice, see separate instructions.** Cat. No. 25047Z Form **W-8BEN** (Rev. 1-2017)

DO NOT use this form if you are a US citizen or resident, including US person holding dual citizenship

Only applicable to Part I (3), you can complete your PO Box address in Part I (4) if you have provided a street address in Part I (3)

DO NOT complete Part I (6)

DATE (e.g. 01 Jun 2017) must be completed in MM-DD-YYYY