

Checklist for Completing the W-8BEN Form

Below is a checklist to assist in the completion of the W-8BEN form

The form available on the tax website has been used

Wrap account details have been provided

Name of an individual that is a beneficial owner

Country of citizenship

Permanent address

Date of birth

Relevant sections completed in Part II

Only one beneficial owner signs and prints their name on each form

The document has been dated

Please ensure the complete W-BEN form is submitted either via email to wrapsolutions@macquarie.com or via registered post to the following address: GPO Box 4067, Sydney, NSW, 2001

Failure to complete any of the items identified in this checklist may result in the form being rejected by the Share Registry and the full rate of withholding tax being applied. We cannot guarantee the receipt of any form. We will pass on valid forms received to the Share Registry.

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

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1621

Name and address as appearing on the register of the securityholders

Bond Street Custodians Limited

Wrap Account No.

Wrap Account Name.

GPO Box 4067
Sydney NSW 2001

Country

Securityholder Reference Number (SRN)
Holder Identification Number (HIN)

FOR INTERNAL USE ONLY – please do not complete

*Must include Country in full

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

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

Sign Here ►

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

Date (MM-DD-YYYY)

Print name of signer