

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 <u>full rate of withholding tax being applied</u>. We cannot guarantee the receipt of any form. We will pass on valid forms received to the Share Registry.

Form W-8BEN

(Rev. October 2021)

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.

- 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		Wrap Account No.]					
Securi	tyriolaers	Wrap Account Name.				tyholder Referenc Identification Nu	, ,		
*Must include Country in full		Country A L	JSTRA	LIA					
		ident in a FATCA partner jurisdicti isdiction of residence.	on (that is, a Mo	odel 1 IGA jurisd	iction w	rith reciprocity), ce	ertain tax account info	mation may be	
Part	Iden	tification of Beneficial Owi	ner (see instr	uctions)					
1	Name of ind	ividual who is the beneficial owner		2 Country of citizenship					
3	Permanent r	esidence address (street, apt. or su	uite no., or rural	route). Do not us	se a P.C). box or in-care-	of address.		
	City or town, state or province. Include postal code where app				ropriate. Country				
4	Mailing add	ress (if different from above)							
	City or town, state or province. Include postal code where app						Country		
5	U.S. taxpay	taxpayer identification number (SSN or ITIN), if required (see instructions)							
6a	Foreign tax identifying number (see instructions)			6b Check if FTIN not legally required					
7	Reference n	umber(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)						
Part	II Claii	n of Tax Treaty Benefits (fo	or chapter 3 p	ourposes only	y) (see	instructions)			
9					,, (,	within the meaning of	the income tax	
	•	eaty between the United States and that country.							
10	Special rate	al 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							ding on (specify type o	income):	
	Explain the	additional conditions in the Article a	and paragraph th	ne beneficial owr	ner mee	ts to be eligible fo	r the rate of withholding	j:	
Part	III Cert	ification							
Under pe	nalties of perjury,	declare that I have examined the information or	n this form and to the b	pest of my knowledge	and belief i	t is true, correct, and cor	mplete. I further certify under pe	nalties of perjury that:	
		at is the beneficial owner (or am authori his form to document myself for chapte		individual that is th	ne benefi	cial owner) of all the	income or proceeds to wh	ich this form	
	ū	n line 1 of this form is not a U.S. person							
• This f	orm relates to:								
(a) ind	come not effect	ively connected with the conduct of a tr	ade or business in	the United States;					
(b) ind	come effectively	connected with the conduct of a trade	or business in the	United States but	is not sul	bject to tax under an	applicable income tax trea	aty;	
. ,	•	e of a partnership's effectively connected							
	•	ount realized from the transfer of a partner		_		**			
		ne 1 of this form is a resident of the treaty coun	•	, ,,,		•	aty between the United States	and that country; and	
		ons or barter exchanges, the beneficial o	•	• .				P I II . I	
		nis form to be provided to any withholding ag ts of the income of which I am the beneficial							
Sign	Here	I certify that I have the capacity to	sign for the person	identified on line 1	of this for	orm.			
		Signature of beneficial owner	(or individual autho	orized to sign for be	eneficial o	owner)	Date (MM-DD-)	YYY)	
		Print name of signer							