

**Please complete and send to:**

**Mail:** Attention: Schroders Unit Registry  
C/- Link Market Services  
Locked Bag 5038  
Parramatta NSW 2124

## Application form

**June 2025**

This offer of units is only made to recipients of this PDS and Application form within Australia and New Zealand. Units will only be issued on receipt of this completed application form, customer identification form and any documents required to be attached, issued together with the current PDS. Applications from US citizens or US residents who have an obligation to pay the US tax authorities on their worldwide income will not be accepted.

You should read all parts of the PDS and Additional Information Booklet before applying. Please phone the Schroders Client Services Team on **1300 136 471** or **+61 2 9210 9421** if outside Australia with any enquiries.

**Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). Start at the left of each answer space and leave a gap between words.**

Fields marked with an asterisk (\*) must be completed for the purposes of AML/CTF laws.

Schroders may record and monitor telephone calls for security, training and compliance purposes.

## Checklist

Please ensure you have completed all of the requirements in the checklist below in order for your application to proceed.

Completed the application form	<input type="checkbox"/>	Signed the application form	<input type="checkbox"/>
Attached a cheque or arranged a direct credit transfer	<input type="checkbox"/>	Completed a customer identification form	<input type="checkbox"/>
Attached certified copies of relevant identification documents	<input type="checkbox"/>	Read the PDS, Additional Information to the PDS and FSG	<input type="checkbox"/>

**Customer identification forms and relevant identification documents are only applicable for initial investments or where details have changed.**

## 1 Account details

☐ Please tick if you are an existing Schroders investor. If yes, please quote your client and/or account number below:

Client number:

Account number:

**If your investor details have changed, please complete the details below.**

If you have an adviser, proceed to Section 6.

Otherwise, please complete the TMD questionnaire on page 3 and then proceed to Section 6.

## 2 Investor details

What type of account are you opening? (Please indicate using an 'X').

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Unregulated or Foreign Trust
<input type="checkbox"/> Co-operative	<input type="checkbox"/> Custodian	<input type="checkbox"/> Australian Company	<input type="checkbox"/> Foreign Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Body	<input type="checkbox"/> Association	<input type="checkbox"/> Regulated Trust/Superannuation Fund

**Investor 1 (individual accounts/sole trader)**

Title:

Full given name(s)\*

Surname\*

Date of birth\*  /  /

Occupation\*

Your main country of residence, if not Australia\*

Tax File Number or reason for exemption^

US Citizen or resident of the USA for tax purposes?\* ☐ Yes ☐ No

If yes, provide US Tax payer Identification Number (TIN)

Full business name of sole trader\*

ABN (if any)

**Investor 2 (joint accounts)**

Title:

Full given name(s)\*

Surname\*

Date of birth\*  /  /

Occupation\*

Your main country of residence, if not Australia\*

Tax File Number or reason for exemption^

US Citizen or resident of the USA for tax purposes?\* ☐ Yes ☐ No

If yes, provide US Tax payer Identification Number (TIN)

**Non-individual investors - company/partnership/trust/superannuation fund or other entity**

Full name of company/partnership/trustee/other entity\*:

Full name of superannuation fund/trust\*:

Principal activity of the fund/trust/company\*:

Are you a charity?\* ☐ Yes ☐ No

Country established, if not Australia\*

ABN/ARBN/ARSN:

Tax File Number (superannuation fund/trust/company – if applicable)

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by the tax and privacy laws. If exempt please supply supporting documentation.

Existing clients (Australian investors only):

We will use the Tax File Number (TFN)/Australian Business Number (ABN) or Exemption you have previously advised unless you request us not to.

^ Tax File Number (TFN) exemption:

Exemption – please write the full name of the benefit that you receive (eg “Age Pension”).

Non-resident – please write the full name of your country of residence. Not for profit organisations – who are not required to lodge a TFN. No TFN or do not wish to quote a TFN.

### Investor details

The following questions may assist Schroders in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market. The below questions only need to be answered if you are a direct retail investor and do not apply to indirect or intermediated investments. You do not need to answer the questions if you have invested via a platform, custodian, etc.

#### Have you received personal financial advice from a licensed financial adviser in relation to this investment?

- ☐ **Yes - please ensure the details of your financial adviser are completed in Section 4.**
- ☐ **No - please complete the questions below:**

What is your primary investment objective in relation to this investment?

- ☐ **Capital Growth:** you seek to invest in a product designed or expected to generate capital return over the investment timeframe. You prefer exposure to growth assets (such as shares or property) or otherwise seeks an investment return above the current inflation rate.
- ☐ **Capital Preservation:** you seek to invest in a product designed or expected to have low volatility and minimise capital loss. You prefer exposure to defensive assets that are generally lower in risk and less volatile than growth investments (this may include cash or fixed income securities).
- ☐ **Income Distribution** - you seek to invest in a product designed or expected to distribute regular and/or tax-effective income. You prefer exposure to income-generating assets (this may include high dividend-yielding equities, fixed income securities and money market instruments).

What is your investment timeframe in relation to this investment?

- ☐ Up to and Including 2 years i.e. Short term
- ☐ More than 2 years but less than 5 years i.e. Medium term
- ☐ Equal to 5 years but less than 7 years i.e. Medium to long term
- ☐ Equal to 7 years or more i.e. Long term

Under normal circumstances, within what period do you expect to be able to access your funds for this investment?

- ☐ Within one week
- ☐ Within one month
- ☐ Within three months
- ☐ Within one year
- ☐ More than one year

In relation to this investment, which investment risk and return profile best describes you?

- ☐ **Low risk and return:** You are looking for an investment that is low risk in nature e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment.
- ☐ **Medium risk and return:** You are looking for an investment that is moderate or medium risk in nature, e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment.
- ☐ **High risk and return:** You are looking for an investment that is higher risk in nature e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment.
- ☐ **Very high risk and return:** You are looking for an investment that is very high risk in nature e.g. you have the ability to tolerate 6 or more negative returns over a 20 year period as you are seeking to maximise returns and you can accept higher potential losses.
- ☐ **Extremely high risk and return:** you are for an Investment that is extremely high risk in nature e.g. you have the ability to accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe).

What percentage of your total investable assets are you directing to this fund – that is the total assets you have available for investment, excluding your residential home

- ☐ Solution/standalone (up to 100%)
- ☐ Major allocation (up to 75%)
- ☐ Core component (up to 50%)
- ☐ Minor allocation (up to 25%)
- ☐ Satellite allocation (up to 10%)

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## Contact details

### Investor 1

Postal Address

Unit number:

Street number

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Phone number (business hours):

Phone number (after hours):

Mobile phone number:

Email address for investor 1 **(Mandatory field)**:

### Investor 2 (if applicable)

Postal Address

Unit number:

Street number

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Phone number (business hours):

Phone number (after hours):

Mobile phone number:

Email address for investor 2

### Non-individual investors

Postal address

Unit number:

Street number:

PO Box number:

Street name:

Suburb:

State:

Postcode:

Country:

Contact:

Work phone number:

Home phone number:

Mobile phone number:

Email address **(Mandatory field)**:

**By providing your email address, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.**

## 4 Adviser details

Complete your adviser details (If applicable)

Adviser name:

Adviser contact:

Phone number:

Dealer Group stamp:

Mobile phone number:

Adviser email:

Adviser authorised representative no:

Unit number:

Street number:

Street name:

Suburb:

State:

Postcode:

Country:

Contact name:

Telephone (business hours):

Adviser firm name:

Dealer group name:

Dealer Group AFS Licence Number

## 5 Bank account

### Distribution Payment Instructions

This will be your primary bank account linked to your investment account.  
Please provide your nominated account details in the section below.

Financial Institution Name:

Branch Name:

Branch Number (BSB):

Account Number:

Account Name:

**The nominated bank must be an Australian Authorised Deposit Taking Institution. Please note the Responsible Entity will not issue cheques for income distributions, withdrawal and redemption payments.**

### Redemption Payment Instructions

Please provide the details of the bank account where you wish to receive your redemption payments, **if different from the account noted above for distribution payments**. Please provide your nominated account details in the section below.

Financial Institution Name:

Branch Name:

Branch Number (BSB):

Account Number:

Account Name:

**The nominated bank must be an Australian Authorised Deposit Taking Institution. Please note the Responsible Entity will not issue cheques for income distributions, withdrawal and redemption payments.**

# 6

## Investment Details

Purpose of investment\*

☐ ☐

Source of funds\*

☐ Savings ☐ Inheritance ☐ Redundancy ☐ Proceeds from asset sale

Other (please provide brief details)

Please specify the investment amount against the corresponding fund in the table below:

Professional Class	APIR	Beneficiary Lodgement Code*	Investment amount (minimum initial investment of AUD 500,000)	Reinvestment	Bank Deposit
Schroder Absolute Return Income Fund	SCH0024AU	HSS		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Australian High Yielding Credit Fund	SCH7855AU	HS2		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Fixed Income Fund	SCH0016AU	FIS		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Australian Equity Fund	SCH0002AU	AEF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Equity Opportunities Fund	SCH5738AU	EOP		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Real Return Fund	SCH0039AU	RRF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Sustainable Growth Fund	SCH0010AU	BFS		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Equity Alpha Fund	SCH0554AU	GAP		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Specialist Private Equity Fund**	SCH0038AU	SPE		Accumulation class – no cash distributions	
Other – Please specify:				<input type="checkbox"/>	<input type="checkbox"/>

Wholesale Class	APIR	Beneficiary Lodgement Code*	Investment amount (minimum initial investment of AUD 20,000)	Reinvestment	Bank Deposit
Schroder Absolute Return Income Fund	SCH0103AU	HSF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Australian High Yielding Credit Fund	SCH0778AU	HSW		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Fixed Income Fund	SCH0028AU	FIF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Wholesale Australian Equity Fund	SCH0101AU	WAE		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Equity Opportunities Fund	SCH0035AU	EOF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Real Return Fund	SCH0047AU	RRW		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Multi-Asset Income Fund	SCH0096AU	R3W		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Sustainable Growth Fund	SCH0102AU	SBF		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Emerging Markets Fund	SCH0034AU	GEM		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Value Fund	SCH0030AU	GAV		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Value Fund (Hedged)	SCH0032AU	GVH		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Core Fund	SCH0003AU	GES		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Sustainable Equity Fund	SCH0040AU	GDB		<input type="checkbox"/>	<input type="checkbox"/>
Schroder Global Equity Alpha Fund	SCH8242AU	GAW		<input type="checkbox"/>	<input type="checkbox"/>
Other – Please specify:				<input type="checkbox"/>	<input type="checkbox"/>

<b>Name of bank:</b>	<b>JPMorgan Chase Bank N.A.</b>
<b>Branch:</b>	Sydney Australia
<b>Name of bank account:</b>	Schroder Applications Trust Account No.1
<b>SWIFT:</b>	CHASAU2X
<b>BSB:</b>	212 200
<b>Account number:</b>	01003 6955

\* Please quote the surname, super fund name, trust name, company name when making electronic fund transfer.  
 \*\*The minimum initial investment for the Schroder Specialist Private Equity fund is AUD 20,000.  
 ^ If a preference is not indicated, your distribution entitlement will be reinvested as additional units in the Fund.  
 Any cost incurred by Schroders in paying distributions by bank deposit may be payable by the investor.

[illegible]

☐ I wish to receive a copy of the Annual Report each year.

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## Declaration and signature (must be completed)

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By signing this application each investor acknowledges and confirms that they:

- Are 18 years of age or over (otherwise applications must be made in the name of parent/guardian and signed by parent/guardian).
- Agree to be bound by the provisions of the PDS, Additional Information Booklet, Application Form and the Fund's Constitution (which may be amended from time to time).
- Acknowledge that Schroders reserves the right to refuse an application for units at its discretion.
- Declare that this application was included in, or accompanied by, the current PDS and Additional Information Booklet, which they have read.
- Acknowledge that neither Schroders nor any other person guarantees the return of capital, or the performance of any Fund.
- Acknowledge that telephone conversations with Schroders may be recorded.
- Authorise Schroders to apply the Tax File Number or Australian Business Number quoted to all investments in the name of the investor.
- Authorise Schroders to collect, hold, use and disclose personal information about the investor in accordance with Schroders' Privacy Statement and the privacy statement in the Additional Information Booklet, including direct marketing.
- Confirm that they have the proper authority as detailed in the signatories terms and conditions section of the PDS, Additional Information Booklet and Application Form.
- Have notified Schroders in writing if they are a politically exposed person.
- Acknowledge that, where they have executed this document using a signature applied electronically, or where they provide a scanned or other digital copy of a signed version of this document to Schroders, the decision on whether to accept the electronically signed or digital copy of the document is at Schroders' absolute discretion. Where such a document is accepted by Schroders, the investor agrees that Schroders will be entitled to assume (without making any further enquiries) that they have applied (or have authorised the application of) all signatures, and that any digital copy is a true copy of an original document, and to act on the document as if it had been signed by them, and they agree to release, discharge and indemnify Schroders, and any other related or associated entities of Schroders, from and against any and all actions, proceedings, accounts, claims, costs, demands, charges and expenses, losses and liabilities, however arising as a result of the above.
- Are not a US Person (as that term is defined in the United States Investment Company Act of 1940, the United States Securities Act of 1933, or any other similar definition under any other applicable US law) unless otherwise notified to Schroders in writing, and undertake to notify Schroders in writing as soon as practicable if, after units are issued to them, they later become a US Person (or any other similar definition under any other applicable US law).



**Individual/Sole trader/Joint/Partnership/Trustee/Responsible entity/Custodian**

Signature	Name	Date
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Signature	Name	Date
-----------	------	------

**Company/Incorporated or Unincorporated association/Registered co-operatives  
/Government body (at least TWO to sign unless you indicate otherwise)**

Signature	Name and title (e.g. Director, secretary or sole director/Secretary)	Date
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Signature	Name and title (e.g. Director, secretary or sole director/Secretary)	Date
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**Additional authorised signatories (including attorneys/agents)\***

Signature	Name	Date
-----------	------	------

Signature	Name	Date
-----------	------	------

Signature	Name	Date
-----------	------	------

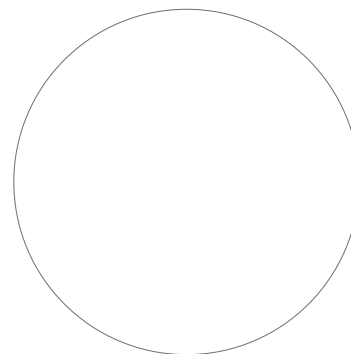
Please indicate who is to sign ☐ Any 1 to sign ☐ 2 to sign ☐ All to sign

If you do not indicate a choice, Schroders will assume any one signatory can sign.

**Please send the completed application and customer identification form to the address below.**

Attention: Schroders Unit Registry  
c/-Link Market Services  
Locked Bag 5038  
Parramatta NSW 2124  
Australia

\* Must be accompanied by a certified copy of a power of attorney



Company seal  
(if applicable):

# Customer identification forms

## Customer identification forms

In order to comply with the requirements under the 'Anti-Money Laundering and Counter Terrorism Financing Act 2006' (AML/CTF Law), a customer identification form must be completed for all new investors. We will be unable to process your application request if a customer identification form and the requested supporting documents are not provided.

If you are an existing investor and you have previously provided a customer identification form, you will not be required to complete another customer identification form.

## How should you complete the customer identification forms?

1. Identify your customer type in the table below.
2. Complete the relevant fields in the relevant customer type identification form.
3. Attach a legible certified copy or extract of your identification documents (see definitions below).

Please send the application form to Schroders Unit Registry together with the relevant completed identification form and supporting identification documents.

## Which customer identification form should you use?

The information you need to provide depends upon your customer type. You will only need to complete the section(s) of the form that relate(s) to your particular customer type and circumstances, as follows:

Customer type	Identification form to be completed
Individual	Individuals & Sole Traders identification form
Sole Trader (a person who is self employed e.g. carpenter)	Individuals & Sole Traders identification form
Regulated Trust/ Superannuation fund	Complete the Australian Regulated Trusts and Trustees identification form PLUS either the Australian Companies or Foreign Companies identification form if the trustee is a company
Australian Companies	Australian Companies identification form
Unregulated Trust	Unregulated Australian Trusts identification form
Foreign Companies	<b>Refer to <a href="http://www.schroders.com.au">www.schroders.com.au</a> for relevant identification forms.</b>
Partnerships and Partners	
Government Body	
Associations – Incorporated or Unincorporated	
Registered-Cooperative	

## What does 'certified copy' mean?

**Certified copy** means a document that has been certified as a true copy of an original document. The certifier should sign the copy document (printing his/her name clearly underneath) and clearly indicate his/her position or capacity together with a contact address and phone number. The certifier must indicate that the document is a true copy of the original and that any photo is a true likeness of the person.

## What does 'certified extract' mean?

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document.

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#### Who can certify documents or extracts?

People who can **certify** documents or extracts are; (*Italics are added for ease of comprehension*)

- 4 (a lawyer) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
  - 5 a judge of a court;
  - 6 a magistrate;
  - 7 a chief executive officer of a Commonwealth court;
  - 8 a registrar or deputy registrar of a court;
  - 9 a Justice of Peace;
  - 10 a notary public (for the purposes of the Statutory Declaration Regulations 1993);
  - 11 a police officer;
  - 12 (a postal agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
  - 13 (the post office) a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
  - 14 an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
  - 15 an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
  - 16 a finance company officer with 2 or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
  - 17 an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; and
  - 18 (an accountant) a member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.
- 

For the most recent list of persons who can certify documents please refer to our website [www.schroders.com.au](http://www.schroders.com.au).

### GUIDE TO COMPLETING THIS FORM

— Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.

### SECTION 1: PERSONAL DETAILS

Full given name(s)\*

Surname\*

Date of birth\*

#### Residential Address (PO Box is NOT acceptable)

Street number:

Street name:

Suburb:

State:

Postcode:

Country:

Business / Occupation:

#### Complete this part if individual is a sole trader

Full Business Name (if any):

ABN (if any):

Street number:

Street name:

Suburb:

State:

Postcode:

Country:

### SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency.

#### Please answer both tax residency questions:

Is the individual a tax resident of Australia? ☐ Yes ☐ No

Is the individual a tax resident of another Country? ☐ Yes ☐ No

#### If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below.

#### If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

#### Other country 1

Country:

TIN:  If no TIN, list reason A, B or C ☐

#### Other country 2

Country:

TIN:  If no TIN, list reason A, B or C ☐

If there are more countries, provide details on a separate sheet and tick this box. ☐

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not mandate provision of the TIN.

**SECTION 3: VERIFICATION PROCEDURE**

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II and III.

**PART I – Acceptable Primary ID Documents****Tick ✓ Select ONE valid option from this section only**

- ☐ Australian State / Territory driver's licence containing a photograph of the person
- ☐ Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- ☐ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- ☐ Foreign passport or similar travel document containing a photograph and the signature of the person\*

**PART II – Acceptable Secondary ID Documents – should only be completed if the individual does not own a document from PART I****Tick ✓ Select ONE valid option from this section**

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ Pension card issued by Centrelink
- ☐ Health card issued by Centrelink

**Tick ✓ and ONE valid option from this section**

- ☐ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- ☐ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
- ☐ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- ☐ If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – Acceptable Foreign ID Documents – should only be completed if the individual does not own a document from PART I****Tick ✓ BOTH documents from this section must be presented**

- ☐ Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth\*
- ☐ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued\*

\* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

# Identification Form

## Australian Regulated Trusts & Trustees

Schroders

### GUIDE TO COMPLETING THIS FORM

— Complete the following in BLOCK LETTERS:

- ☐ \* Section 1 (all parts) – all trusts.

**AND** select ☒ and complete one of the following sections for the trustees:

- ☐ \* Section 2 (applicable parts) – selected trustee is an Individual.  
☐ \* Section 3 (applicable parts) – selected trustee is an Australian Company.

### SECTION 1: TRUST DETAILS

#### 1.1 General Information

Full name of trust:

Full business name (if any):

Country where trust established:

#### 1.2 Type of Trust (select ☒ only one of the following trust types and provide the information requested)

**Tick ☒ Select ONE of the following type of Regulated Trust**

- ☐ **Self-Managed Superannuation Fund**

Provide the SMSF's ABN

- ☐ **Registered managed investment scheme**

Provide Australian Registered Scheme Number (ARSN)

- ☐ **Unregistered managed investment scheme** (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies)

Provide the unregistered managed investment scheme's ABN

- ☐ **Government superannuation fund**

Provide name of the legislation establishing the fund

- ☐ **Other regulated Trust** (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the Trust's ABN or registration/licensing details

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the **Unregulated Australian Trusts & Foreign Trusts Identification Form**, rather than this form.

### SECTION 2: INDIVIDUAL DETAILS (to be completed for individual trustees)

#### Trustee 1

Full given name(s)

Surname

Date of birth

Residential address:

Suburb:

State:

Postcode:

Country:

## Full given name(s)

SurnameDate of birthResidential address:

Suburb:

State:

Postcode:Country:

### Trustee 3

Full given name(s)SurnameDate of birthResidential address:Suburb:

State:

Postcode:Country:

### SECTION 3: AUSTRALIAN COMPANY DETAILS

If trustee is an Australian Company, complete the **Australian Company ID form** on page 16.

## SECTION 4: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 4.

## 4.1 Tax Status

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable

[illegible]

If the Trust or Trustee is a Financial Institution but does not have a GIIN, provide the Trust's FATCA status

**Tick ✓ Select ONE of the following statuses**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Deemed Compliant Financial Institution                        |
| <input type="checkbox"/> | Excepted Financial Institution                                |
| <input type="checkbox"/> | Exempt Beneficial Owner                                       |
| <input type="checkbox"/> | Non Reporting IGA Financial Institution                       |
| <input type="checkbox"/> | Nonparticipating Financial Institution                        |
| <input type="checkbox"/> | Other (describe the Trust's FATCA status in the box provided) |

### GUIDE TO COMPLETING THIS FORM

- This form is for Australian Companies only. For companies with an address, principle place of business or that are incorporated outside of Australia use the Foreign Companies Identification Form.
- Complete one form for each company.
- Complete separate Individual ID Forms for each of the company's Beneficial Owners.
- Complete all applicable sections of this form in BLOCK LETTERS.
- Contact Schroders if you have any queries.

### SECTION 1: AUSTRALIAN COMPANY DETAILS (to be completed if the company is an Australian Company)

#### 1.1 General Information

Full name as registered by ASIC

ACN

Principal business activity:

#### 1.2 Registered Office Address (PO Box is not acceptable)

Street address:

Suburb:

State:

Postcode:

Country:

#### 1.3 Regulatory/Listing Details (select ✓ any of the following categories if applicable)

- ☐ **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

- ☐ **Australian listed company**

Name of market / exchange

- ☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

Companies incorporated outside of Australia should complete the **Foreign Company Identification Form**, rather than this form.

#### 1.4 Company Type (select ✓ only ONE of the following categories and provide any information requested)

**Tick ✓ Select ONE of the following categories**

- ☐ **Public – Listed** (Continue to Section 3)

- ☐ **Public – Unlisted** (Continue to Section 1.6)

- ☐ **Private / Proprietary** (Continue to Section 1.5 below)



1.5 Directors (only needs to be completed for proprietary companies)

This section does **NOT** need to be completed for public and listed companies.

How many directors are there?

Provide full name of each director below

Director 1

Full given name(s)

Surname

Director 2

Full given name(s)

Surname

Director 3

Full given name(s)

Surname

If there are more directors, provide details on a separate sheet.

1.6 Shareholders (only needs to be completed for unlisted public companies, proprietary companies that are not regulated companies)

To be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed company or Regulated Companies as per 1.4.

Are there any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings)?

☐ Yes ☐ No

1.6.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings).

Complete separate individual customer ID Forms for each of these individuals.

Shareholder 1

Full given name(s)

Surname

Date of birth  /  /

Residential address (PO Box is NOT acceptable):

Suburb:

State:

Postcode:

Country:

Email

Shareholder 2

Full given name(s)

Surname

Date of birth  /  /

Residential address (PO Box is NOT acceptable):

Suburb:

State:

Postcode:

Country:

Email

Shareholder 3

Full given name(s)

Surname

Date of birth

Residential address (PO Box is NOT acceptable):

Suburb:

State:

Postcode:

Country:

Email

If there are more Beneficial Owners, provide details on a separate sheet.

1.6.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.6.1, provide the names of the individuals who directly or indirectly control\* the company.

\* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

Complete separate individual customer ID Forms for each of these individuals.

Customer ID 1

Full given name(s)

Surname

Role (such as Managing Director)

Customer ID 2

Full given name(s)

Surname

Role (such as Managing Director)

Customer ID 3

Full given name(s)

Surname

Role (such as Managing Director)

If there are more Beneficial Owners, provide details on a separate sheet.

**SECTION 2: VERIFICATION PROCEDURE**

Please provide either **ONE** certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both **Part II** and **III** for each shareholder listed in Section 1.6.

**PART I – Acceptable Primary ID Documents****Tick ✓ Select ONE valid option from this section only**

- ☐ Australian State / Territory driver's licence containing a photograph of the person
- ☐ Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- ☐ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- ☐ Foreign passport or similar travel document containing a photograph and the signature of the person\*

**PART II – Acceptable Secondary ID Documents – should only be completed if the individual does not own a document from PART I****Tick ✓ Select ONE valid option from this section**

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ Pension card issued by Centrelink
- ☐ Health card issued by Centrelink

**Tick ✓ and ONE valid option from this section**

- ☐ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- ☐ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- ☐ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- ☐ If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – Acceptable Foreign ID Documents – should only be completed if the individual does not own a document from PART I****Tick ✓ BOTH documents from this section must be presented (where translated into English where applicable)**

- ☐ Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth
- ☐ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

**PART IV – Australian Company – should only be completed for companies****Tick ✓ Verification options (select one of the following options used to verify the Company)**

- ☐ Perform a search of the relevant ASIC database
- ☐ If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC

### 3.1 Tax Status

☐ **A Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)  
Provide the company's Global Intermediary Identification Number (GIIN), if applicable

☐ Deemed Compliant Financial Institution☐ Excepted Financial Institution☐ Exempt Beneficial Owner☐ Non Reporting IGA Financial Institution☐ Nonparticipating Financial Institution

☐ Other (describe the Trust's FATCA status in the box provided)

☐ **Australian Public Listed Company, Majority Owned Subsidiary of an Australian Public Listed company or Australian Registered Charity**  
(Public listed companies or majority owned subsidiaries of Australian listed companies as per 1.4 that are not Financial Institutions as described above or a company that is an Australian Registered Charity)

If the company type is listed above, the form is now complete.

☐ **An Active Non-Financial Entity (NFE)** (Active NFEs include those that, during the previous reporting period, derived less than 50% of their gross income from passive income (e.g. dividends, interests and royalties) and held less than 50% of assets producing the passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' ([www.oecd.org](http://www.oecd.org)))

If the company is an Active NFE, the form is now complete.

☐ **Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 3.2 (Foreign Beneficial Owners).

Are any of the company's Beneficial Owners tax residents of countries other than Australia?

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.6).

## Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

Country:

[illegible]

## Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

Country:

[illegible]

## Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

Country:

[illegible]





## SECTION 1B: TRUST VERIFICATION PROCEDURE

## Tick ✓ Verification options (supply one of the following options used to verify the Trust)

- ☐ An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

Complete **ONLY ONE** of the following sections, as required, to collect the additional information about the identity of **ONLY ONE** of the trustees:

- Section 2 (applicable parts) – where the selected trustee is an Individual.
- Section 3 (applicable parts) – where the selected trustee is an Australian Company.
- Section 4 (applicable parts) – where the selected trustee is a Foreign Company.

## SECTION 2A: INDIVIDUAL DETAILS (to be completed if selected trustee is an Individual)

Full given name(s)

Surname

Date of birth

 /  / 

Residential address (PO Box is NOT acceptable)  
Only provide address details if not provided in Section 1.5 above.



Suburb:

State:

Postcode:

Country:

## SECTION 2B: INDIVIDUAL TRUSTEE VERIFICATION PROCEDURE

## PART I – Acceptable Primary ID Documents

## Tick ✓ Select ONE valid option from this section only

- ☐ Australian State / Territory driver's licence containing a photograph of the person
- ☐ Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- ☐ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- ☐ Foreign passport or similar travel document containing a photograph and the signature of the person\*

## PART II – Acceptable Secondary ID Documents – should only be completed if the individual does not own a document from PART I

## Tick ✓ Select ONE valid option from this section

- ☐ Australian birth certificate
- ☐ Australian citizenship certificate
- ☐ Pension card issued by Centrelink
- ☐ Health card issued by Centrelink



**Tick ✓ and ONE valid option from this section**

- ☐ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- ☐ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- ☐ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

**PART III – Acceptable Foreign ID Documents – should only be completed if the individual does not own a document from PART I****Tick ✓ BOTH documents from this section must be presented (where translated into English where applicable)**

- ☐ Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth
- ☐ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

**SECTION 3: AUSTRALIAN COMPANY DETAILS**

If trustee is an Australian company, complete the **Australian Company ID form** on page 16.

**SECTION 4: FOREIGN COMPANY DETAILS**

If trustee is a foreign company, complete the **Foreign Companies ID form**. Refer to [www.schroders.com.au](http://www.schroders.com.au) to download the form.

## 5.1 Tax Status

☐ **Financial Institution or Trust with a Trustee that is a Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes)

[illegible]☐ Deemed Compliant Financial Institution☐ Excepted Financial Institution☐ Exempt Beneficial Owner

☐ Non Reporting IGA Financial Institution (If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

[illegible]☐ Nonparticipating Financial Institution☐ US Financial Institution

☐ Other (describe the Trust's FATCA status in the box provided)

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

☐ Yes ☐ No

**If Yes, proceed to section 5.2 (Foreign Controlling Persons). If No, form is now complete.**

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

☐ **Australian Registered Charity or Deceased Estate**

If the Trust is an Australian Registered Charity or Deceased Estate, form is now complete.

☐ **A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include those that, during the previous reporting period, derived less than 50% of their gross income from passive income (e.g. dividends, interests and royalties) and held less than 50% of assets producing the passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' ([www.oecd.org](http://www.oecd.org))).

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 5.3 (Country of Tax Residency).

**Other** (Trusts that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 5.2 (Foreign Controlling Persons).



### 5.3 Country of Tax Residency

Is the Trust a tax resident of a country other than Australia? ☐ Yes ☐ No

If Yes, please provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

**If No, the form is now complete.**

*A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.*

### Tax resident 1

Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

If no TIN, list reason A, B or C

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Country:

[illegible]

### Tax resident 2

Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

If no TIN, list reason A, B or C


Country:

[illegible]

### Tax resident 3

Full given name(s)

[illegible]

Surname

[illegible]

Taxpayer Identification Number (TIN):

[illegible]

If no TIN, list reason A, B or C


Country:

[illegible]

If there are more countries, provide details on a separate sheet and tick this box.

1

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The individual has not been issued with a TIN

**Reason C** The country of tax residency does not mandate provision of the TIN.