

IDENTIFICATION FORM: PARTNERSHIPS & PARTNERS

GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact Schroders if you have any queries.

SECTION 1A: PARTNERSHIP DETAILS

1.1 General Information

Full name of partnership	<input type="text"/>
Registered business name of partnership (if any)	<input type="text"/>
Country where partnership established	<input type="text"/>
Nature of business	<input type="text"/>

1.2 Type of Partnership (select only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

Yes Provide name of association

Provide membership details **(Go to Section 1B & Section 3)**

No How many partners are there? provide full name & address of each partner below

1.3 Partnership Details (only complete for Partnerships NOT regulated by a professional association)

Are there any individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the Partnership, including power of veto?

Yes (Complete 1.3.1) No (Complete 1.3.2)

1.3.1 Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

Complete a separate individual customer ID form for each of these individuals.

Partner 1

Full given name(s)				Surname
<input type="text"/>				<input type="text"/>
Residential Address (PO Box is NOT acceptable)				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Partner 2

Full given name(s)				Surname
<input type="text"/>				<input type="text"/>
Residential Address (PO Box is NOT acceptable)				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Partner 3

Full given name(s)				Surname
<input type="text"/>				<input type="text"/>
Residential Address (PO Box is NOT acceptable)				
<input type="text"/>				

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If Beneficial Owner name/s are provided above, proceed to section 2A.

1.3.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.3.1, provide the names of the individuals who directly or indirectly control* the Partnership.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the Partnership (such as the Managing Partner or Senior Managing Official).

Complete a separate individual customer ID form for each of these individuals.

Full given name(s)	Surname	Role (such as Senior Managing Partner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

Verify the following:

- Complete Part I (for all partnerships) and
- Complete Part II (if the partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (provide one of the following options to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment.
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (provide one of the following options to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant association.

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

Please provide the below in relation to ONLY ONE of the partners

SECTION 2A: INDIVIDUAL DETAILS (to be completed for ONE partner)

Full Given Name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address (PO Box is NOT acceptable) **Only provide address details if not provided in Section 1A**

<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE

o Provide one documents from Part I (or if no document from Part I is available, then provide the documentation required under either Part II or III.)

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Provide ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	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 ✓	Provide ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/>	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
<input type="checkbox"/>	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. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	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
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	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.

SECTION 3: TAX INFORMATION**3.1 Tax Status**

Tick ✓ one of the Tax Status boxes below (if the Partnership is a Financial Institution, please provide all the requested information below)

Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA and CRS purposes)

Provide the Partnership's Global Intermediary Identification Number (GIIN), if applicable

If the Partnership is a Financial Institution but does not have a GIIN, provide its FATCA status (select ✓ ONE of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

US Financial Institution

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

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

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 3.2 (Foreign Controlling Persons). If No, the 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>.

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).

If the Partnership is an Active NFE, please proceed to section 3.3 (Country of Tax Residency).

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

Please proceed to section 3.2 (Foreign Controlling Persons).

3.2 Foreign Controlling Persons

Are any of the Partnership's Controlling Persons* tax residents of countries other than Australia Yes No

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided in 1.3.1 as Beneficial Owner or 1.3.2 as the identified Partner).

Full given name(s)	Surname	Role (Partner or Senior Managing Official)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

* A Controlling Person is any individual who directly or indirectly owns or controls the Partnership and includes all Partners or Senior Managing Officials.

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.

3.3 Country of Tax Residency

Is the Partnership a tax resident of a country other than Australia? Yes No
 (A Partnership created or established under the laws of a country other than Australia)

If the Partnership is a tax resident of a country other than Australia, please provide its tax identification number (TIN) or equivalent below. If it is 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.

Name	Country	TIN	If no TIN, list reason for A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Partnership has not been issued with a TIN
- Reason C** The country of tax residency does not mandate provision of the TIN.