

GUIDE TO COMPLETING THIS FORM

- o This form is required for individuals who have not provided the required information to establish their United States (US) tax status or have been identified as a potential US taxpayer (e.g. they have a US address, phone number, place of birth, citizenship or dealings with the US).
- o This form must be completed in order to certify that:
 - a) The individual IS a US citizen or resident for tax purposes, **OR**
 - b) The individual IS NOT a US citizen or resident for tax purposes (additional documentation is required to supporting this certification).
- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o PLEASE NOTE: The individual may be treated as being a US taxpayer if the requested information is not provided.
- o Contact your licensee if you have any queries.

SECTION 1: PERSONAL DETAILS

Surname Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

SECTION 2: US TAX STATUS

Is the individual a US citizen or resident of the US for tax purposes?

Yes If yes, provide the individual's US Taxpayer Identification Number (TIN):

No If no, please go to section 3.

If the individual is a US citizen or resident of the US for tax purposes, please go to section 4 to finalise the form.

SECTION 3: SUPPORTING EVIDENCE REQUIRED

If the individual is not a US citizen or resident for tax purposes, additional identification documentation is required to support this status (as they have been identified as having a US address, phone number, place of birth, citizenship or dealings with the US).

Tick ✓ the category that applies to you

- Born outside of the US, please complete 3.1 in this section, and then go to section 4 to finalise the form.
- Born in the US, please complete 3.2 in this section, and then go to section 4 to finalise the form.

3.1 Born outside of the US

| Tick ✓ | Tick which of the documents you are providing |
|--------------------------|--|
| <input type="checkbox"/> | A copy of a passport, birth certificate or travel document issued by a non US government, the United Nations or an agency of the United Nations*; or |
| <input type="checkbox"/> | A copy of a citizenship certificate issued by a non US Government*; or |
| <input type="checkbox"/> | A copy of a driver's licence issued by a non US Government agency*. |

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

| 3.2 Born in the US | |
|--|---|
| Tick ✓ | Select ONE valid option from this section |
| <input type="checkbox"/> | A copy of a passport or travel document issued by a non US government, the United Nations or an agency of the United Nations*; or |
| <input type="checkbox"/> | A copy of a citizenship certificate issued by a non US Government*. |
| AND | |
| Tick ✓ | Select ONE valid option from this section |
| <input type="checkbox"/> | A copy of your certificate of loss of Nationality of the United States; or |
| <input type="checkbox"/> | A reasonable explanation why you do not hold a certificate of loss of nationality; or |
| <input type="checkbox"/> | A reasonable explanation as to why you did not obtain US citizenship at birth |
| If you selected an option above that requires an explanation, please provide the written explanation here: | |
| | |

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

SECTION 4: DECLARATION

IMPORTANT NOTE:
 → **Attach a legible copy of the documentation (and any required translation) AND**
 → **Complete the Declaration section below (either the individual or their financial planner to sign)**

By completing and signing this declaration I certify that the information I have provided is true and correct.

INDIVIDUAL DECLARATION (The person named in this form)

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

OR

FINANCIAL PLANNER DECLARATION

By completing and signing this declaration I certify that the individual named in this form has verbally or in writing confirmed to me the truth of the information provided and I have no reason to doubt its reasonableness.

| | | | |
|-------------------------------|----------------------|-----------|----------------------|
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |
| Representative/ Employee Name | <input type="text"/> | Phone No. | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |