



Application for Investment Form

This Application for Investment Form accompanies the Product Disclosure Statements (each, a 'PDS') for the funds that are listed in Section 6 (each a 'Fund' or collectively, the 'Funds'). Units in the Funds are issued by Yarra Funds Management Limited ('YFM') ABN 63 005 885 567, AFSL number 230 251. It is important that you read each PDS that relates to each Fund you wish to invest in, and the Important Additional Information document (if applicable) before applying for Units as they contain important information about investing in Units in each Fund. We will send you a paper copy of the PDS for any or all Funds that you are considering investing in and the Important Additional Information document (if applicable) on request without charge.

Should you need to speak to our Investor Services team please call 1800 034 494 (Australia) or +61 3 9002 1980 (Overseas). Please return your completed Application for Investment Form and Identification Documents to Yarra Funds Management Limited, Investor Services team, GPO Box 764, Melbourne VIC, 3001.

GUIDE TO COMPLETING THIS APPLICATION FORM

All Applicants MUST Complete Sections 1 to 11

TYPE OF INVESTOR	SECTIONS TO COMPLETE	PAGE NUMBERS
Individual Including where investing jointly or as a sole trader	1 to 11 & Attachment A	Pages 1 to 6, 8 to 10
Company	1 to 11 & Attachment A (For <u>all</u> beneficial owners) & Attachment B	Pages 1 to 6, 8 to 10 (if required), 11 to 15
Regulated Trust/Superannuation Fund	1 to 11 & Attachment C	Pages 1 to 6, 16 to 19
Unregulated Trust/Superannuation Fund with Individual Trustee	1 to 11 & Attachment A (For <u>one</u> individual trustee) & Attachment A (For <u>all</u> beneficial owners/controllers persons) & Attachment D	Pages 1 to 6, 8 to 10, 20 to 26
Unregulated Trust/Superannuation Fund with Corporate Trustee	1 to 11 & Attachment A (For all beneficial owners/controllers persons of the trust and of the trustee) & Attachment B (For corporate trustee) & Attachment D	Pages 1 to 6, 8 to 10, 11 to 15, 20 to 26

1 Yarra Funds Management Account Number

Do you have an existing investment in a YFM fund?

No – Go to Section 2

Yes – Please provide your Yarra Funds Management Account Number below or alternatively you may complete the Yarra Funds Management Additional Investment Form

Yarra Funds Management
Account Number

2 Applicant(s) details

Full name of applicant(s) (if applicant is a non-individual, fill out the entity name in the 'First names' field):

Applicant 1:

Title Surname

First names

Applicant 2:

Title Surname

First names

Applicant 3:

Title Surname

First names

Please tick the box corresponding to the type of account you want to open.

Individual & Sole Trader

Company

Trust

Other

3

Contact details for this account

You must include a residential address

Contact name			
Registered or Residential address			
Country	State	Postcode	
Mailing address*	State	Postcode	
	* If different to above address.		
Home phone	Work phone		
Mobile phone	Facsimile		
Email address			

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More information about you

In relation to our Design and Distribution Obligations (DDO) under the Corporations Act, we seek the following information about your attributes as an investor. Failure to complete the questions below may result in delays in processing your application.

Are you a retail client?	Yes	No
Have you received personal financial advice in relation to this product?	Yes	No
Are you within the target market (as set out in the Target Market Determination document)?	Yes	No

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Authorised signatories

(a) Joint applicants

Do you require all signatories to sign to make a withdrawal? If you do not select an option a 'Yes' response will be assumed.

Yes No

(b) Company

Do you require all directors/representatives to sign when making a withdrawal? If you do not select an option a 'Yes' response will be assumed.

Yes No – Any one signatory can sign No – Any two signatories can sign No – Please specify which signatories below

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Which Fund would you like to invest in?

Name of Fund	Please insert the date shown on the cover of the PDS	\$ Amount
Yarra Australian Bond Fund*	PDS Dated	
Yarra Australian Equities Fund*	PDS Dated	
Yarra Australian Real Assets Securities Fund^	PDS Dated	
Yarra Emerging Leaders Fund^	PDS Dated	
Yarra Enhanced Income Fund*	PDS Dated	
Yarra Ex-20 Australian Equities Fund^	PDS Dated	
Yarra Global Share Fund*	PDS Dated	
Yarra Global Small Companies Fund^	PDS Dated	
Yarra Growth Fund#	PDS Dated	
Yarra Higher Income Fund*	PDS Dated	
Yarra Income Plus Fund*	PDS Dated	
ARK Global Disruptive Innovation Fund*	PDS Dated	

* Minimum initial investment: \$10,000. ^ Minimum initial investment: \$50,000. # Minimum initial investment: \$2,000.

Payments via direct credit

Bank: Citibank
 BSB: 242-000
 Account Name: **YFML Application 1017E Trust Account**
 Account Number: 240237008

Annual Financial Reports

The Annual Financial Reports for the Funds are available via our website at www.yarracm.com/annualreports.

At any stage you can request the latest copy of the annual financial reports or the half-yearly financial reports (where available) for the Funds by:

- calling our **Investor Services team** on **1800 034 494** (Australia) or **+61 3 9002 1980** (Overseas)
- emailing ist@yarracm.com and a copy will be sent to you free of charge

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Investing entity source of funds

Please identify the major source of funds for your investment, by selecting one or more of the following which are applicable to the applicants named in Section 2.

Employment

Please indicate the nature of employment

Investments

Please indicate the type of investments (e.g. real estate, financial, etc.)

Business activity

Please indicate the nature of business

Please indicate the industry

Inheritance/Gift

Please indicate the name of deceased/donor

Legal settlement

Please indicate the type of legal settlement

Other (please specify)

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How would you like to receive your income distributions?

Please select **one** of the following options (if you do not select an option, distributions will be reinvested).

- (a) Reinvest income in additional Units in the applicable Fund
- (b) Pay income directly into the **Australian Financial Institutional** account below: or
- (c) For New Zealand Investor only: Pay income directly into a **New Zealand Financial Institutional** account below* (Must provide Swift Code[†])

Name of financial institution

Address of financial institution

Account name with financial institution (e.g. JOHN SMITH)

BSB (branch number)

—

[†]Swift Code

Account number

Please select this box if the above bank account should be used for future withdrawals.

* All payments will be made in AUD but will be received in your bank account in NZD (net of any fees charged by our/your financial institution). Please note, the applicable foreign exchange rate will be applied.

Payments to third parties are not permitted.

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What is your Tax File Number, Australian Business Number or exemption?

If you choose not to quote your Tax File Number (TFN)/Australian Business Number (ABN) nor claim an exemption, we are required to deduct tax at the highest marginal rate plus any applicable levies such as the Medicare levy from any income payable to you. If provided, your TFN will apply automatically to any future investment in the Funds or to other YFM funds unless you indicate otherwise.

You can choose not to quote your TFN/ABN or claim an exemption. Declining to quote a TFN is not an offence. We are authorised to receive tax file information under tax law. For more information about TFNs/ABNs please call your nearest tax office.

Applicant 1	TFN	ABN
Applicant 2	TFN	ABN
Applicant 3	TFN	ABN

Do you have a tax exemption?

Any applicant who has a TFN but is exempt, should still quote that TFN. Exempt applicants should then indicate their exemption below to avoid tax being deducted from any income distribution.

Applicants in the name of a trustee on behalf of a minor should quote their TFN.

Child under 18. Note that the Funds do not accept investments directly in the name of a minor. Applications can only be accepted in the name of a trustee.	Recipient of another type of pension – wife, carer, widow, sole parent, special benefit.
Recipient of age, invalid, service or veteran’s pension.	Organisation not required to lodge tax return.
	Non-resident of Australia.

(a) Applicant acknowledgement

I/We agree to be bound by the provisions of the constitution that governs the Fund in which I/we apply to invest as amended from time to time.

I/We confirm that this Application for Investment Form accompanied the PDS for each Fund to which my/our application relates or was copied or derived by me/us from such a form. I/We also confirm that I/we have read each such PDS and the Important Additional Information (if applicable).

I/We agree that if I/we use the facsimile information and withdrawal facility or the telephone information facility I/we will be bound by the terms and conditions applicable to each Facility as defined and set out in the PDS or the Important Additional Information document, as amended from time to time.

I/We acknowledge that any telephone conversations with YFM or any of its related bodies corporate (together and individually, the 'Yarra Capital Management Group') may be recorded without further notice to me/us.

I/We acknowledge that the Yarra Capital Management Group may accept instructions from any one investor in a joint unitholding, unless I/we have specified otherwise on this Application for Investment Form.

I/We acknowledge and agree to promptly repay any withdrawal, distribution or other payment notified by the Responsible Entity to me/us as being made in error.

Collection notice and privacy consent

I/We acknowledge that I/we have read and understood the privacy policy referred to in the relevant PDS and available at www.yarracm.com/privacy and I/we consent to the collection, storage, use and disclosure of personal information about me/us in the manner and for the purposes described in the privacy policy.

I/We acknowledge that by completing this application, I/we will provide Yarra Funds Management Limited (whose contact details are set out on the first page of this Application for Investment Form) with personal information including my/our name, address and contact details and other details, so that my/our application can be processed.

I/We acknowledge that YFM may collect personal information about me/us or other individuals from third parties so that my/our application can be processed.

I/We acknowledge that the collection of this personal information about me/us may be required under various Australian laws, including the *Corporations Act 2001* (Cth) and any applicable securities and anti-money laundering laws and equivalent laws of other jurisdictions.

I/We acknowledge that the personal information I/we provide may be disclosed to other Yarra Capital Management Group companies.

I/We acknowledge that the personal information may also be disclosed by YFM to third party service providers carrying out functions for or on behalf of YFM or the Yarra Capital Management Group, other third parties (including my/our financial adviser, margin lending facility provider or other financial services provider providing services to me/us, my/our custodian or investment manager where applicable), any person acting on my/our behalf (including my/our solicitor, accountant, executor, administrator, trustee or guardian), or otherwise with my/our consent or as required by law.

I/We acknowledge that:

- the above parties may be located outside of Australia (including the United States, United Kingdom, Malaysia, Luxembourg, Japan, New Zealand, Singapore, Hong Kong, Canada, The Netherlands, India and any other countries specified in YFM's privacy policy at www.yarracm.com/privacy or in which YFM's appointed unit registry administrator has offices);
- from time to time, the Yarra Capital Management Group or its third party service providers may store my/our information in cloud computing platforms or other types of networked systems;
- information stored in cloud computing platforms or other network based systems can be accessed from and transferred between, various countries over the internet, and as such, it is not always practicable to know in which country my/our information may be held;
- foreign countries in which my/our information may be held as described above may have privacy and data protection laws that may differ from those of Australia and which may not provide for the same level of protection for my/our personal information. I/we acknowledge being informed that if I/we consent, YFM will not be required to ensure that the overseas recipient will be required to treat my/our personal information in a way that is consistent with Australian privacy laws and I/we expressly consent to the transfer of my/our personal information to, or holding of my/our personal information in, those countries on that basis; and

- overseas organisations may be required to disclose information that the Yarra Capital Management Group has shared with them, under foreign laws – in such circumstances, I/we will not hold the Yarra Capital Management Group liable for any such disclosure required by the laws of a foreign country.

I/We acknowledge that the Yarra Capital Management Group may contact me/us to offer other services or products which may be of interest to me/us unless I/we request in writing that the Yarra Capital Management Group does not do so.

I/We also understand that:

- failure to provide information required in this application (including any personal information) may mean that this application is not able to be processed or otherwise may affect the success of this application or any further application I/we may make to the Yarra Capital Management Group;
- the privacy policy available at www.yarracm.com/privacy explains how I/we can access my/our personal information, how I/we can update or correct any personal information that the Yarra Capital Management Group holds about me/us and how I/we can make a complaint about a breach of the Privacy Act (including how the complaint will be dealt with by Yarra Capital Management Group);
- if I/we have any queries or would like any further information about the privacy policy and practices of the Yarra Capital Management Group, I/we can contact the Privacy Officer, Yarra Funds Management Limited, Level 19, 101 Collins Street, Melbourne VIC 3000, at any time in writing or via email at privacy@yarracm.com; and
- while the Yarra Capital Management Group will take all reasonable steps to protect information that I/we provide, the Yarra Capital Management Group cannot guarantee the security of certain types of information provided by me/us (for example over the internet or by email).

Other matters

I/We hereby certify that I/we am/are not a foreign shell bank (a bank that does not maintain a physical presence in any country).

I/We hereby certify that I/we am/are not a US Person(s) (as defined below) nor do I/we act on behalf of or for the benefit of any US Person and I/we agree to notify the Responsible Entity immediately if I/we become a US Person. Further, I/we understand and agree that the Units described in each PDS to which this application relates may not be offered to a US Person (as defined below) and I/we will not, subject to the discretion of the Responsible Entity, at any time cause my/our Units to be sold or transferred, directly or indirectly to or for the benefit of a US Person.

US Persons include:

- any natural person resident in the United States;
- any partnership or corporation organised or incorporated under the laws of the United States;
- any estate of which any executor or administrator is a US Person;
- any trust of which any trustee is a US Person;
- any agency or branch of a foreign entity located in the United States;
- any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a US Person;
- any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organised, incorporated or (if an individual) resident in the United States; and
- any partnership or corporation if:
 - organised or incorporated under the laws of any foreign jurisdiction, and
 - formed by a US person principally for the purpose of investing in securities not registered under the US Securities Act of 1933, as amended (the 'Securities Act'), unless it is organised or incorporated and owned by 'accredited investors' (as defined in Rule 501(a) under the Securities Act) who are not natural persons, estates or trusts.

I/We certify that I/we received the PDS to which my/our application relates:

- in Australia; or
- in such other jurisdiction that has been expressly approved by YFM, where such approval has not been withdrawn.

For investors who have received a PDS in New Zealand, where YFM has permitted circulation of the PDS in New Zealand, I/we also certify that the PDS to which this application relates was accompanied by the 'Warning statement – Australian offers in New Zealand'.

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Applicant acknowledgement and signature(s) – ALL APPLICANTS MUST COMPLETE THIS SECTION

(b) Applicant signature(s)

1st Individual applicant OR director (company signatories must include their company title)

Capacity (if company)	Director	Sole director and sole secretary
Signature	Date signed (dd/mm/yy)	
Full name		

2nd Joint individual applicant OR director/secretary (company signatories must include their company title)

Capacity (if company)	Director	Secretary
Signature	Date signed (dd/mm/yy)	
Full name		

3rd Joint individual applicant

Signature	Date signed (dd/mm/yy)
Full name	

- Companies signing by duly authorised representatives must provide appropriate documentation showing the proper appointment of the representatives to YFM.
- If signed under Power of Attorney, the attorney hereby certifies that no notice of revocation of that power has been received by the attorney. See also page 7 for identification documents you must provide if documents signed by Agents.
- Applications by clubs, charities, churches or unincorporated bodies must be signed by the authorised office bearers (e.g. A. Smith – President) and a copy of the Constitution/Rules attached.

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Advisers only are to complete the following section

Dealer group			
Adviser name			
Adviser address			
Adviser suburb	State	Postcode	
Adviser telephone number			
Adviser signature	Mark here if duplicate copy of applicant's acknowledgement is required.		

Xplan set up request

If you require a Xplan datafeed, please send your request to sales.au@yarracm.com. In your email, please include the adviser name, dealer group name and the contact details (name, email, telephone number) of the preferred contact to set up the Xplan datafeed.

YFM is required under Australian law to confirm the identity of clients before providing financial services to them.

In order to comply we are required to collect:

- Certain information from you (you will need to fill out one or more of Attachment A – Attachment D, depending on the type of account you want to open (see below)); and
- Certain identification documents from you. These are listed in Section 3 of Attachment A, Attachment B and Attachment D and Section 4 of Attachment C.

(a) Identification Information

Depending on the type of account you want to open you will also need to complete various Attachments:

Individual & Sole Trader	Each individual or Sole Trader must complete Attachment A .
Company	Attachment B must be completed in relation to the company Applicant. Each beneficial owner of the company must complete Attachment A .
Trustee of a Regulated trust (e.g. Self-managed super fund, registered managed investment scheme, government superannuation fund)	Attachment C must be completed.
Trustee of an unregulated trust (e.g. Family trust)	Attachment D must be completed. If the trust has one or more individual trustees, Attachment A must be completed in relation to one of the individual trustees*. If the trust has one or more corporate trustees: <ul style="list-style-type: none"> • Attachment B must be completed in relation to one of the corporate trustees*. • Each beneficial owner of the corporate trustee must complete Attachment A. • Each beneficial owner of the corporate trust must complete Attachment A. • Each beneficial owner/Controlling Person of the trust (or the trustee on their behalf must) provide tax information details by filling out the tax section in Attachment A. * If the Trustees comprise individuals and companies, only Attachment A or Attachment B needs to be completed in relation to one of the trustees.
Other	Please contact the Investor Services team on 1800 034 494 (Australia) or email ist@yarracm.com

Please note that you do not need to complete Sections 3 and 4 of Attachment A, Attachment B and Attachment D nor Sections 4 and 5 of Attachment C. These sections are for YFM's internal use ONLY.

(b) Identification Documents

In addition to completing Attachment A - Attachment D (as relevant), you will also need to provide supporting identification documents. A list of the supporting documents you are required to provide is set out in Section 3 of Attachment A, Attachment B and Attachment D and Section 4 of Attachment C. Copies of documents must be certified. Please also note the following:

How is a document certified?	<ul style="list-style-type: none"> • A document can be certified by one of the persons below inspecting the original document and then writing on the copy: <i>'I certify this document of [XX] pages to be a true copy of the original'</i>. • The certifier must indicate in which capacity the document is certified.
Who can certify a document?	<p>A document can be certified by any of the people identified below:</p> <ol style="list-style-type: none"> 1. A person who is enrolled on the Supreme Court of a State or Territory, or the High Court of Australia as a legal practitioner (however described); 2. A judge of a court; 3. A magistrate; 4. A chief executive officer of a Commonwealth court; 5. A registrar or deputy registrar of a court; 6. A Justice of the Peace; 7. A notary public (for the purposes of the <i>Statutory Declarations Regulations 2018</i>); 8. A person authorised as a notary public in a foreign country; 9. A police officer; 10. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public; 11. A permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public; 12. An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955); 13. A bank officer, building society, credit union or finance company officer with five or more continuous years of service (for the purposes of the <i>Statutory Declarations Regulations 2018</i>); 14. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants; or 15. Any other person who, under a law in force in a State or Territory, is currently licensed or registered to practise in an occupation listed in Part 1 of Schedule 2 of the <i>Statutory Declarations Regulations 2018</i> or a person outlined in Part 2 of Schedule 2 of the <i>Statutory Declarations Regulations 2018</i>.
Are foreign language identification documents acceptable?	<ul style="list-style-type: none"> • Non-English documents must be accompanied by an English translation prepared by an accredited translator.
Documents signed by Agents	<ul style="list-style-type: none"> • Evidence of the agent's authority to act on behalf of the investor (e.g. signed letter, certified copy of a power of attorney) must be provided. and • The identification documents for an Australian Investor – Individual or Non-Australian investor – Individual (as applicable) set out in Section 3 of Attachment A must also be provided for the signing agent.

Attachment A - Individual & Sole Traders Identification Form

Section 1: Personal Details

Full name		
Residential Address (PO Box not permitted)		
State	Postcode	Country
Date of birth (dd/mm/yyyy)		

COMPLETE IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)		
ABN (if any)		
Principal place of business (if any) (PO Box not permitted)		
State	Postcode	Country

Section 2: Tax Information

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) dependent on the amount of time a person spends in a country, the location of a person's residence or place of work. For the U.S., tax residency can 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 U.S. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. 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 require the TIN to be disclosed

Individual & Sole Traders declaration

I declare and affirm:

- on behalf of the individual whose details are contained in this form, that the information in the identification form is true, complete and correct and appropriately reflects the individual's tax status;
- that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete; and
- that I have appropriate authority to sign on behalf of or make the above declaration on behalf of the individual.

For example, for children's accounts, a parent may make that declaration on behalf of their child. For forms in relation to beneficial owners/Controlling Persons, the company applicant and trustee (as relevant) may make this declaration on the beneficial owner's/Controlling Persons' behalf.

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund(s) is/are domiciled and exchanged with tax authorities of another country or countries in which I (or the person I am making this declaration on behalf of) may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Signature	<input type="text"/>	Date signed (dd/mm/yy)	<input type="text"/>
Full name	<input type="text"/>		
Capacity (e.g. Power of Attorney)	<input type="text"/>		

Section 3: Identification Documents

Please attach certified copies of:

- The following documents in **Part I** (or if the individual does not own a document from Part I, then complete EITHER **Part II** or **III**.)

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

TICK Select ONE valid option from this section

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 Department of Human Services (previously known as Centrelink)

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 PHOTOGRAPHIC 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

Foreign driver's licence that contains a photograph of the person in whose name it is 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.

IMPORTANT NOTE:

- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents**

Section 4: Record of Verification Procedure

ID DOCUMENT DETAILS	Document 1		Document 2 (if required)	
	Original	Certified Copy	Original	Certified Copy
Verified From				
Document Issuer				
Issue Date (dd/mm/yy)				
Expiry Date (dd/mm/yy)				
Document Number				
Accredited English Translation	N/A	Sighted	N/A	Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative; and
- the tax information provided is reasonable considering the documentation provided.

AFSL Name	AFSL No.
Representative/ Employee Name	Phone No.
Signature	Date verification completed (dd/mm/yy)

Attachment B - Australian Companies Identification Form

GUIDE TO COMPLETING THIS FORM

- This form is for **AUSTRALIAN COMPANIES** only. For companies incorporated outside of Australia, please contact our **Investor Services Team** for the appropriate form
- Complete one form for each company.
- Complete separate **INDIVIDUAL ID** Forms for each of the company's Beneficial Owners.
- Tax information must be collected from an authorised representative of the Company.
- Complete all applicable sections of this form in **BLOCK LETTERS**.

Section 1: Australian Company Identification Procedure

1.1 General Information

Full name as registered by ASIC

ACN

Registered Office Address
(PO Box not permitted)

State

Postcode

Country

Principal Place of
Business (if any)
(PO Box not permitted)

State

Postcode

Country

1.2 Company Type (Tick only ONE of the following categories)

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to 1.3

Public (companies whose name does not include the word Pty or proprietary), proceed to 1.4

1.3 Directors (Required for all Proprietary Companies as per 1.2, NOT required for Public Companies)

Provide the names of all Directors.

Full given names(s)

Surname

1

2

3

4

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

1.4 Listing and Regulatory Details (TICK any of the following categories **if applicable**)

Australian Public Listed company (companies that are listed on an Australian financial market such as the ASX) *Proceed to Section 2*
Name of market / exchange

Majority Owned Subsidiary of an Australian Public Listed company (companies that are majority owned by an Australian company that is listed on an Australian financial market such as the ASX) *Proceed to Section 2*
Australian listed company name
Name of market / exchange

Regulated company (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees) *Proceed to Section 2*
Regulator name
Licence details (e.g. AFSL, ACL, RSE)

1.5 Beneficial Ownership

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 (Complete 1.5.1)

No (Complete 1.5.2)

1.5.1 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.**

Full given names(s)

Surname

1

2

3

4

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

1.5.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.5.1, 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.

Full given names(s)

Surname

Role (e.g. Managing Director)

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

Section 2: Tax Information

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

TICK one of the Tax Status boxes below or on the next page (if the company is a Financial Institution, please provide all the requested information below)

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

If the Company 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

Non Participating Financial Institution

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

If the company is a Financial Institution, please proceed to section 3 to complete the form.

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, please proceed to section 3 to complete the form.

Section 2.1 continues on the next page

2.1 Tax Status (CONTINUED)

An **Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced 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' at www.oecd.org)

If the company is an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

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

Please proceed to section 2.2 (Foreign Beneficial Owners).

2.2 Foreign Beneficial Owners (Individuals)

Are any of the company's Beneficial Owners tax residents of countries other than Australia? Yes No

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 be as a result of citizenship or residency.

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 1.5).

Full given names(s)	Surname	Role (e.g. Director or Senior Managing Official)
---------------------	---------	--

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

Please proceed to section 2.3 (Country of Tax Residency).

2.3 Country of Tax Residency

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

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

If No, please proceed to section 3 to complete the form.

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 an Employer 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.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. 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 Company has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

Australian Companies declaration

I declare and affirm:

- on behalf of the company, the details of which are contained in this form, that the information in the identification form is true, complete and correct and appropriately reflects the company's tax status;
- that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete; and
- that I have appropriate authority to sign on behalf of or make the above declaration on behalf of the company.

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund is domiciled and exchanged with tax authorities of another country or countries in which I (or the person I am making this declaration on behalf of) may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Signature	Date signed (dd/mm/yy)
Full name	
Capacity (e.g. Director, Secretary, Sole Director and secretary, Power of Attorney)	
Signature	Date signed (dd/mm/yy)
Full name	
Capacity (e.g. Director, Secretary, Sole Director and secretary, Power of Attorney)	

Section 3: Australian Company Verification Procedure

Identification documentation is to be provided to verify the information listed in the standard or simplified verification procedure described below. The simplified verification procedure is to be used for Australian Public Listed companies, Majority Owned Subsidiaries of Australian Public Listed companies and Regulated companies as described in section 1.4 of this form. All other companies are to be verified according to the standard verification procedure.

Standard verification procedure

Information to be verified:

- The full name of the company as registered by ASIC.
- Whether the company is registered as a proprietary or a public company.
- The ACN issued to the company.

TICK **Verification options** (select one of the following options used to verify the Company)

Provide a copy of the search results 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.

Simplified verification procedure for an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (as described in section 1.4 of this form).

Information to be verified:

- The full name of the company.
- That the company is an Australian Public Listed company, a Majority Owned Subsidiary of an Australian Public Listed company or a Regulated company (whichever is applicable).

TICK **Verification options** (select one or more of the following options used to verify the Company)

Provide a copy of the search results of the relevant market/exchange

Provide a copy of the search results of the relevant ASIC database

Provide a copy of the search results of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator

A public document issued by the relevant company

IMPORTANT NOTE:

- **Ensure that individual customer ID Forms have been provided for the Company's Beneficial Owners as per 1.5 AND**
- **Attach a legible certified copy of the ID documentation used to verify the company OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

Section 4: Record of Verification Procedure

ID DOCUMENT DETAILS	Document 1			Document 2 (if required)		
	Performed search	Certified copy	Original	Performed search	Certified copy	Original
Verified From						
Document Issuer / Website						
Public Document Type						
Issue Date / Search Date (dd/mm/yy)						

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the company's Beneficial Owners (where applicable); and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name	AFSL No.
Representative/ Employee Name	Phone No.
Signature	Date verification completed (dd/mm/yy)

Attachment C - Identification Form for Australian Regulated Trusts (incl. Self-Managed Super Funds)

GUIDE TO COMPLETING THIS FORM

- This form is for **AUSTRALIAN REGULATED TRUSTS** only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.
- For Trusts that are not subject to the oversight of an Australian regulator, complete the **UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM**.
- Provide information about the Trust and one Trustee. The identity of the Trust must be verified (not the Trustee).
- Tax information must be collected from an authorised representative of the Trust.
- Complete all applicable sections of this form in **BLOCK LETTERS**.

Section 1: Regulated Trusts Identification Procedure

1.1 General Information

Full name of Trust

Country where trust established
(only required if not Australia)

Full business name of trustee in
respect of the trust (if any)

1.2 Type of Regulated Trust (Tick only ONE of the following categories)

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: Trustee Identification Procedure (Please complete EITHER 2.1 OR section 2.2)

For Australian Regulated Trusts, identification information is required for one of the Trustees. This information is only required for one Trustee, even if the Trust has a number of Trustees. Please provide identification information for either an individual Trustee (section 2.1) or a corporate Trustee (section 2.2).

2.1 Individual Trustee (To be completed if the selected Trustee is an individual)

Full name

Residential Address
(PO Box not permitted)

State

Postcode

Country

Date of birth
(dd/mm/yyyy)

OR

2.2 Company Trustee (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then please contact the **Investor Services Team** for the appropriate form.)

2.2.1 Company Details

Full name as registered by ASIC

ACN

Registered Office
Address
(PO Box not permitted)

State

Postcode

Country

Principal Place of
Business (if any)
(PO Box not permitted)

State

Postcode

Country

2.2.2 Company Type (Tick only ONE of the following categories)

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies), proceed to section 3

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to section 2.2.3

2.2.3 Directors (To be completed for proprietary companies, not required for public companies as per 2.2.2)

Provide the names of all Directors.

Full given names(s)

Surname

1

2

3

4

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

Section 3: 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 3 and can proceed to section 4.

3.1 Tax Status

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

If the Trust 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

(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

Nonparticipating Financial Institution

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

Australian Regulated Trusts declaration

I declare and affirm:

- on behalf of the trust and trustee, the details of which are contained in this form, that the information in the identification form is true, complete and correct and appropriately reflects the trust's tax status;
- that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete; and
- that I have appropriate authority to sign on behalf of or make the above declaration on behalf of the trust and the trustee.

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund is domiciled and exchanged with tax authorities of another country or countries in which I (or the person or entity I am making this declaration on behalf of) may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Signature

Date signed
(dd/mm/yy)

Full name

Capacity
(e.g. Director, Secretary,
Director of Trustee,
Power of Attorney)

Signature

Date signed
(dd/mm/yy)

Full name

Capacity
(e.g. Director, Secretary,
Director of Trustee,
Power of Attorney)

Section 4: Regulated Trust Verification Procedure

Regulated Trust verification procedure

Information to be verified:

- The full name of the Trust
- That the Trust is a self-managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable.

TICK **Verification options** (select one or more of the following options used to verify the Trust)

Provide a copy of the search results of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au)

A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)

A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

IMPORTANT NOTE:

- **Attach a legible certified copy of the ID documentation used to verify the Trust OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents**

Section 5: Record of Verification Procedure

ID DOCUMENT DETAILS	Document 1			Document 2 (if required)		
Verified From	Performed search	Certified copy	Original	Performed search	Certified copy	Original
Document Issuer / Website						
Document Type / Search Details						
Issue Date / Search Date (dd/mm/yy)						

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative; and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name	AFSL No.
Representative/ Employee Name	Phone No.
Signature	Date verification completed (dd/mm/yy)

Attachment D - Identification Form for Unregulated Australian Trusts & Foreign Trusts

GUIDE TO COMPLETING THIS FORM

- This form is for all Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, should complete the **AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM**.
- Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- Provide details for **ALL** Trustees (Section 1.4) and provide a separate Customer ID Form for **ONE** of the Trustees.
- Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate **INDIVIDUAL ID Forms** for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Trust.
- Complete all applicable sections of this form in **BLOCK LETTERS**.

Section 1: Trust Identification Procedure

1.1 General Information

Full name of Trust

Full business name of the Trustee in respect of the Trust (if any)

Country where Trust established (if not established in Australia)

Full Name of Settlor/s*

* The person/s who settles the initial sum or assets to create the Trust.

1.2 Type of Unregulated Trust (Tick ONE of the following categories)

Family Trust

Charitable Trust

Testamentary Trust

Other type (provide description)

Self-managed superannuation funds, registered managed investment schemes, government superannuation funds or other regulated Trust should complete the **AUSTRALIAN REGULATED TRUSTS & TRUSTEES IDENTIFICATION FORM**, rather than this form.

1.3 Beneficiaries Details

Provide the names (1.3.1) and/or class/es (1.3.2) of the Trust's beneficiaries. Both the names and classes of beneficiaries must be provided (if the Trust has both named and class/es of beneficiaries).

1.3.1 Named Beneficiaries

Full given / entity names(s)

Surname

1

2

3

4

1.3.2 Class/es of beneficiaries (e.g. unit holders, family members of named person, charitable organisations/causes)

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

1.4 Trustee Details

Provide the name & residential/business addresses of **ALL** of the Trustees below.

Complete a separate Customer ID Form for ONE of these Trustees*.

Trustee 1		Trustee 2		Trustee 3	
Full given names(s) / Company name		Full given names(s) / Company name		Full given names(s) / Company name	
Surname		Surname		Surname	
Residential / Business Address (PO Box not permitted)		Residential / Business Address (PO Box not permitted)		Residential / Business Address (PO Box not permitted)	
Suburb	State	Suburb	State	Suburb	State
Country	Postcode	Country	Postcode	Country	Postcode

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

*A Customer ID form should be completed for ONE of the Trustees based on the nature of this Trustee. For example, an **INDIVIDUAL ID FORM** should be completed for a Trustee who is an individual or an **AUSTRALIAN COMPANY ID FORM** for a Trustee that is an Australian Company.

1.5 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

* includes control by acting as Trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).

Full given names(s)	Surname	Role (e.g. Trustee or Appointer)
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Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners

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

Section 2: Tax Information

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

2.1 Tax Status

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

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

If the Trust 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

(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

Nonparticipating Financial Institution

US Financial Institution

Other (describe the company'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 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

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, please proceed to section 3 to complete the form.

A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced 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' at www.oecd.org.)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency)

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

Please proceed to section 2.2 (Foreign Controlling Persons).

2.2 Foreign Controlling Persons (Individuals)

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

If the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia? Yes No

* A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all Trustees, Settlers, Protectors or Beneficiaries. For a Trustee company this includes any beneficial owners controlling more than 25% of the shares in the company 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 be as a result of citizenship or residency.

If Yes to either of the two questions above, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as a Beneficial Owner).

Full given names(s)

Surname

Role (e.g. Trustee or Beneficiary, etc.)

If there are more Controlling Persons, provide details on a separate sheet and tick this box

2.3 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, please proceed to section 3 to complete the form.

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.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. 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 Trust has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

Unregulated Australian Trusts & Foreign Trusts declaration

(a) Trust tax status

I declare and affirm:

- on behalf of the trust, the details of which are contained in this form, that the information in the identification form is true, complete and correct and appropriately reflects the trust's tax status;
- that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete; and
- that I have appropriate authority to sign on behalf of or make the above declaration on behalf of the trust.

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund is domiciled and exchanged with tax authorities of another country or countries in which the trust may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Please fill out sections (b) and (c) below. If these sections do not apply to you, please proceed to the signature section on the following page.

(b) Foreign Controlling Person declaration: Settlor tax status

Fill in this section if one/more of the Foreign Controlling Persons (Individuals) listed in section 2.2 is the settlor of the Trust.

In my capacity as individual trustee of the trust or having authority on behalf of the corporate trustee of the trust, I declare and affirm that:

- if relevant, that I have appropriate authority to sign on behalf of or make the above declaration on behalf of the trustee
 - the information (if any given) about the settlor's tax status is true, correct and complete based on my reasonable knowledge
 - that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete.
 - In addition:
 - the settlor is unknown or has no continuing connection to the trust such that the trustee has no reason to believe that the settlor is a reportable person under the Common Reporting Standards or Foreign Account Tax Compliance Act
- OR
- the following information is true and correct in relation to the settlor:

Address

Date of birth (if applicable)
(dd/mm/yyyy)

Tax residence

Is the settlor tax resident of countries other than Australia? Yes No

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. 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 settlor has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund is domiciled and exchanged with tax authorities of another country or countries in which the trust or the settlor may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Proceed to signature section on the following page if (c) does not apply.

(c) Beneficiaries tax status

In my capacity as individual trustee of the trust or having authority on behalf of the corporate trustee of the trust, I declare and affirm that:

- (i) save for beneficiaries of the trust whose tax information has been provided by way of Attachment A, there are no other beneficiaries of the trust which are reportable persons OR (ii) there are no beneficiaries who will receive or become entitled to receive a distribution from the trust in the current and coming foreseeable years and I will notify Yarra Funds Management Limited if this changes;
- the information I have provided about the beneficiaries of the trust is true and correct; and
- that I will provide Yarra Funds Management Limited with an updated identification form within 30 days of any change in circumstance occurring, which causes any of the information contained in this form to be inaccurate or incomplete

I further acknowledge that the information contained in this form may be provided to the tax authorities of the country in which the fund is domiciled and exchanged with tax authorities of another country or countries in which the trust or the beneficiaries may be tax resident pursuant to intergovernmental agreements regarding the exchange of financial account information, or otherwise where required by law.

Signature

Date signed

Full name

Capacity
(e.g. Individual Trustee or
Corporate Trustee)

Section 3: Unregulated Trust Verification Procedure

Please provide for verification purposes

TICK Verification options (select one or more 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

IMPORTANT NOTE:

- Ensure that a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND
- Ensure that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND
- Either attach a legible certified copy of the documentation used to verify the Trust (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

Section 4: Record of Verification Procedure

ID DOCUMENT DETAILS	Document 1		Document 2 (if required)	
	Original	Certified Copy	Original	Certified Copy
Verified From				
Document Issuer				
Issue Date				
Expiry Date				
Document Number				
Accredited English Translation	N/A	Sighted	N/A	Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Customer ID Forms have been provided for one of the Trust's Trustees;
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee
Name

AFSL No.

Representative/
Employee Name

Phone No.

Signature

Date verification
completed (dd/mm/yy)