

Identification Form
- Australian Companies

This form is used to identify Australian Companies

Please note that in addition to this form, each signatory that signs the investment application must complete an Individual Identification Form and provide the supporting customer identification documentation.

Please complete Section 1 - 10 noting the options below to have your identification verified. Options to have your form verified:

- Financial Adviser If you are investing through a Financial Adviser your Adviser will accept original or certified copies of customer identification documents OR
- KeyInvest office over the counter verification KeyInvest will accept original or certified copies of customer identification documents OR
- Mailed verification- KeyInvest will accept certified copies of customer identification documents*.
- *(Refer to section 12 for a list of Authorised Persons).

| 1) Australian | Company Details | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------|------|--|--|
| Full legal name (ABN/ACN | as registered by ASIC) | | | | |
| Registered Office Address (must not be a PO Box) | | | | | |
| Unit no. | Street no. | | | | |
| Street name | | Suburb | | | |
| State | Postcode | Country | | | |
| Unit no. | Of Business (must not be a PO Box) (If do | | ess) | | |
| Street name State | Postcode | Suburb | | | |
| 2) Company Type (select ONE of the following categories) | | | | | |
| Proprietary (i.e A company with a name ending in Proprietary Ltd or Pty Ltd; also know as private companies) proceed to section 4. | | | | | |
| Public (i.e A company with a name that does not include the word Pty or proprietary) proceed to section 3. | | | | | |



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| 3) Listing And Regulatory Details (select ANY of the following categories if applicable) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Australian Public Listed company (companies that are listed on an Australian financial market such as the ASX) | | |
| Name of market or 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) | | |
| Australian listed company name Name of market or exchange | | |
| Regulated company (subject to the supervision of a Commonwealth, State or Territory statutory regulator beyond that provided by ASIC as a company registered body. Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licenses (ACL); or Registrable Superannuation Entity (RSE) Licensees). | | |
| Regulator name Licence details (e.g AFSL, ACL, RSE) | | |
| 4) Director Details | | |
| If there is insufficient space, please complete and attach a separate sheet. | | |
| How many directors does your company have? | | |
| Director 1 Title Mr Mrs Ms Miss Dr Other Surname Given name(s) | | |
| Director 2 Title Mr Mrs Ms Miss Dr Other Surname Given name(s) | | |
| Director 3 Title Mr Mrs Ms Miss Dr Other Surname Given name(s) | | |
| Director 4 Title Mr Mrs Ms Miss Dr Other Surname Given name(s) | | |
| Please attach a separate page if you require more space. | | |



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| 5) Beneficial Ownership | | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| To be completed for all compa | nies that did not ma | ke a selection at | section 3 |
| Are there any individuals who (through direct or indirect share) | • | or more of the co | ompany's issued share capital |
| Yes (complete section 6) | No (go to s | ection 7) | |
| 6) Shareholder Beneficial | Owners | | |
| Provide the names of the indiv capital (through direct or indire | | ly own 25% or m | ore of the company's issued share |
| Complete seperate individua | I customer ID Forn | ns for each of the | ese individuals. |
| Full Given Name(s) | | Surname | |
| | | | |
| If Beneficial Owner name(s) ar | e provided above, p | roceed to section | า 8. |
| 7) Other Beneficial Owners | S | | |
| veto. If no such person can be | rectly control* the c sions about financia derstanding and pra identified then the r | company. *Include al or operating po actices; voting rig most senior mana | es exercising control through licies; or by means of trusts, hts of 25% or more; or power of |
| Complete seperate individua | l customer ID Forn | ns for each of the | ese individuals. |
| Full Given Name(s) | Surname | | Role (such as Managing Director) |
| | | | |
| | _ | | |
| | | | |
| If there are more Beneficial C | Owners, provide de | tails on a sepera | ate sheet and tick this box |
| | | | |



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| 8) FATCA Information (select ONE of the following | ng categories and provide the information requested) | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|
| Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA 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 | No Reporting IGA Financial Institution | | | |
| Excepted Financial Institution | Nonparticipating Financial Institution | | | |
| Exempt Beneficial Owner | Other (describe the FATCA status) | | | |
| | | | | |
| If the company is a Financial Institution section 8 is now complete, proceed to section 9. | | | | |
| Non-Financial Australian Public Listed Company or a corporate Australian Registered Charity (Public listed companies that are not Financial Institutions as described above or a company that is an Australian Registered Charity). If the company is an Australian Public listed Company or an Australian Registered Charity, section 8 is now complete. | | | | |
| Non-Financial Proprietary Company or an unlisted public company that are not Financial Institutions as described above | | | | |
| Are any of the company's Beneficial Owners US citizens or residents of the US for tax purposes If yes, provide an individual ID Form for this Beneficial Owner, including their US Taxpayer Identification Number (TIN), unless already provided in section 5 of this form. | | | | |
| Yes No | | | | |
| 9) Identification Procedures | | | | |
| KeyInvest must verify: | | | | |
| the full name of the Company as registered by ASIC; the registered office address; | | | | |
| the Company registration as a Proprietary Company (i.e. Pty Ltd); and Australian Company Number (ACN). | | | | |
| To verify this information you must provide to KeyInvest the following documents listed at A or B: Please mark x to indicate the type of documentation that you are providing. | | | | |
| A - Original or certified copy of a certificate registration issued by ASIC | | | | |
| OR | | | | |
| B - Current Company search of the ASIC database | | | | |



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10) Declaration By Applicant

NOTE: This form must be signed in front of the verifying officer. This will either be your Financial Adviser, a Keylnvest staff member or an authorised person listed in section 8.

I/We declare that the information in this form including each supporting document.

- is complete and correct;
- if the declaration is on behalf of the applicant, authority must be provided (ie. Power of Attorney etc.);
- may be used in connection with any products and services I/we hold, apply for, request or obtain; and
- subject to KeyInvest's privacy policy, may be disclosed to and used KeyInvest to facilitate compliance with the anti-money laundering and counter-terrorist financing legislation.

These declarations are given by the Directors of the Company named in section 1 and any signatories signing this form.

Important: By signing on behalf of a Company you hereby confirm that you have the full authority to do so.

| Full name Signature | Director Secretary | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|
| Full name Signature | Director Secretary | | | |
| 11) Authorised Person Use Only | | | | |
| Customer Identification Verified Customer Identification Documentation Attached | | | | |
| By signing this section, I acknowledge and confirm that I have identified the client(s) in accordance with applicable 'Know Your Customer' requirements. | | | | |
| | Authorised Person Stamp: | | | |
| Authorised Person Signature | | | | |
| Authorised Person Name | | | | |



Life Events BondCompany Application Form

12) Authorised Persons That Can Certify Identification Documents

Your photocopied identification should be signed as a certified true copy by one of the following:

| AUTHORISED PERSONS WHO CAN CERTIFY IDENTIFICATION DOCUMENTS | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|
| A nominated employee of KeyInvest | A registrar or deputy registrar of a court | | |
| 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 (e.g. financial adviser) | An Australian consular officer or an Australian diplomatic officer | | |
| A lawyer | A judge of a court | | |
| A magistrate | A Chief Executive Officer of a Commonwealth court | | |
| A notary public | A Justice of the Peace | | |
| An authorised Australian Post Office permanent employee | An accountant (member of the ICA or CPA) | | |
| An officer with 2 or more continuous years of service with one or more finance institutions | A finance company officer with 2 or more continuous years of service with one or more finance companies | | |

13) Contact Details

Phone: 1300 658 904

Email: info@keyinvest.com.au **Web:** www.keyinvest.com.au

Hours of Operation: 8.30am - 5.00pm (CST)

Postal Address:

KeyInvest PO Box 3340

Rundle Mall SA 5000

Street Address:

KeyInvest

Level 5, 49 Gawler Place Adelaide SA 5000