

BlackRock Investment Management (Australia) Limited ABN 13 006 165 975 AFSL Licence Number 230523 (referred to as "BlackRock")

Please return completed form to: BlackRock, C/- LINK Market Services Limited. Locked Bag 5038, Parramatta NSW 2124 or by fax to 1300 366 107

Important information

BlackRock must comply with the Anti-Money Laundering and Counter-Terrorism Financing laws (the "AML Legislation"), which requires us to, among other things, establish your identity. This form is provided to collect the necessary customer information as required by the AML Legislation to establish your identity. For your application to be processed by BlackRock, you must ensure that this form as well as your Fund Application Form is completed and forwarded to us. By completing this Investor Identification Form and providing us with information to establish your identity, you acknowledge and agree:

- this information will be used by BlackRock to establish your identity for the purposes of the AML Legislation; and
- ▶ BlackRock will neither be responsible nor liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where BlackRock declines to process a transaction or ceases to provide you with a product or service, in circumstances where BlackRock is unable to establish our identity or where BlackRock reasonably believes you are a Proscribed Person. ¹

When completing this form

Depending on your investor type, BlackRock may require supporting identification/verification documentation to establish your identity. Where such identification/verification documentation is required, an originally certified copy is required. An abbreviated list of the various people that can certify documents is provided on the next page with an extended list of certifiers available on our website www.blackrock.com/au.

Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

Which sections of this form apply to me?

The matrix below highlights the section of this form that are applicable to each investor type. Please ensure that you read the section applicable to you and where relevant attach an originally certified copy of the document before sending it to BlackRock.

Investor Type ²	Section A	Section B	Section C	Section D	Section E	Section F	Section G
Individual(s) & Sole Traders	✓						
Trust: Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	✓		✓				
Domestic (Australian) Company		✓					
Trust : Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund		✓	✓				
Government Body				✓			
Partnership					✓		
Association						✓	
Registered Co-operative							✓
Foreign Company ³							
Foreign Company: Acting as a Corporate Trustee(s) of a Trust $^{\rm 3}$							

- 1. A "Proscribed Person" means any person or entity who BlackRock reasonably believes to be (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A "Proscribed Person" includes any person or entity who BlackRock reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).
- 2. Please see page 3 of this Investor Identification Form for a description of each investor type.
- 3. Please complete the Foreign Corporate Entity form available from www.blackrock.com/au.

Certifying documents

An originally certified copy is a copy of a document that has been certified as a true copy of an original document.

To obtain an originally certified copy, present the original document and a photocopy of that document to one of the people listed below. The person certifying the document will need to include the following information on the photocopy:

- "I certify that this is a true copy of the original document"; and
- the certifier's:
 - full name
 - occupation, qualification, position or registration number (if any), which makes them eligible to certify documents;
- the date the document was signed; and
- the certifier's signature.

If this certification does not appear, you may be asked for new certified documents.

Who can certify documents?

OCCUPATIONS

- A person who, under a law in force in an Australian State or Territory, is currently licensed or registered to practise in the following occupations:
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Pharmacist

OTHER PERSONS

- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- Bank officer with 2 or more continuous years of service
- Building society officer with 2 or more years of continuous service
- Credit union officer with 2 or more years of continuous service
- Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- Justice of the Peace
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- Notary public (authorised in Australia or in a foreign country)
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority;

with 2 or more years of continuous service

- Police officer
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution

A full list of the persons who can certify documents is available from our website at www.blackrock.com/au

What type of investor am I?

Type of investor	Description
Individual(s) & Sole Traders	Investing in your personal capacity – that is, not as a company, trust, partnership, etc. This can include individuals investing on behalf of a person under the age of 18. Sole Trader describes a business that is owned and controlled by one person, although the business may employ people.
Trust Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	Investing in your personal capacity as a trustee on behalf of another. In this case, the trustee is not a company. A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: Superannuation funds (including self-managed superannuation funds); Family trusts; Deceased estate; Managed investment scheme (registered or unregistered); Charitable trust; and Testamentary trust.
Domestic (Australian) Company	Company incorporated in Australia, including: Proprietary company (ending with "Pty Ltd"); Public company (ending with "Ltd"); Companies limited by guarantee (used primarily by non-profit organisations); and Listed company (listed on a securities exchange in Australia, such as the ASX).
Trust Domestic (Australian) Company acting as a Trustee of a Trust or Superannuation Fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of another (for example, ABC Pty Ltd as trustee for the XYZ self-managed superannuation fund). A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: Superannuation funds (including self-managed superannuation funds); Family trusts; Deceased estate; Managed investment scheme (registered or unregistered); Charitable trust; and Testamentary trust.
Partnership	Formally established pursuant to a partnership agreement/deed. If you are investing "jointly" (and not pursuant to a formal partnership agreement) then see "Individual(s)" section above.
Association	Incorporated Association is registered by the State or Territory in which the association is based. Features include: appointment of a public officer and committee; and profits, if any, can only be used to promote non-profit objectives Unincorporated Association does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.
Registered Co- operative	Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.
Government Body	Government Body is a legal entity that is owned or controlled by Federal, State or Local Government. Examples include Universities, Local Councils, and Statutory Agencies.
Foreign Company ¹	Company incorporated in a foreign jurisdiction. Company incorporated in a foreign jurisdiction, acting in the capacity of a trustee on behalf of another. A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: Family trusts;
acting as a Corporate Trustee(s) of a Trust ¹	 Deceased estate; Managed investment scheme (registered or unregistered); Charitable trust; Testamentary trust; and Pension scheme/Retirement fund.

 $^{1. \}quad \text{Please complete the Foreign Corporate Entity Investor Identification Form available from www.blackrock.com/au.} \\$

Section A. Individual(s), Sole Trader(s) and Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund

Section A1: Individual / sole trader / trustee personal details

1st Individual / Sole Trader / Trustee

	Residential address details: F	PO Box is NOT acceptable
Full given name(s)	Street address	
Surname	Suburb	
	State	Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)	1 0010000
2 nd Individual / Trustee if applicable		
	Residential address details: F	PO Box is NOT acceptable
Full given name(s)	Street address	
Surname	Suburb	
/ /	State	Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)	
Individuals – No further information is required. Submit this form togethe procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2.	r with the completed Fund Appli	ication Form. Please note the verification
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Plea		
procedure as shown at the end of Section A. Sole trader(s) - Proceed to Section A2.		
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Plea		
procedure as shown at the end of Section A. Sole trader(s) - Proceed to Section A2. Trustee(s) - Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information	se note the verification procedu	
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information Complete this Section A2 if you are a sole trader.	eet and attach to this form.	re as shown at the end of Section A.
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information Complete this Section A2 if you are a sole trader.	se note the verification procedu	re as shown at the end of Section A.
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information Complete this Section A2 if you are a sole trader. If more than one investor is a sole trader, provide details on a separate she	eet and attach to this form. Australian business number (re as shown at the end of Section A. "ABN") (if any)
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information Complete this Section A2 if you are a sole trader. If more than one investor is a sole trader, provide details on a separate she	eet and attach to this form. Australian business number (re as shown at the end of Section A.
procedure as shown at the end of Section A. Sole trader(s) – Proceed to Section A2. Trustee(s) – Proceed to Section C "Trusts or Superannuation Funds". Pleasection A2: Sole trader business information Complete this Section A2 if you are a sole trader. If more than one investor is a sole trader, provide details on a separate she	eet and attach to this form. Australian business number (Principal place of business (if	re as shown at the end of Section A. "ABN") (if any)
procedure as shown at the end of Section A. Sole trader(s) - Proceed to Section A2. Trustee(s) - Proceed to Section C "Trusts or Superannuation Funds". Please Section A2: Sole trader business information Complete this Section A2 if you are a sole trader. If more than one investor is a sole trader, provide details on a separate she	eet and attach to this form. Australian business number (Principal place of business (if	re as shown at the end of Section A. "ABN") (if any)
procedure as shown at the end of Section A. Sole trader(s) - Proceed to Section A2. Trustee(s) - Proceed to Section C "Trusts or Superannuation Funds". Please Section A2: Sole trader business information Complete this Section A2 if you are a sole trader. If more than one investor is a sole trader, provide details on a separate she	eet and attach to this form. Australian business number (Principal place of business (if	re as shown at the end of Section A. "ABN") (if any)

Sole trader(s) – No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown at the end of Section A.

Individual(s), Sole Trader(s) and Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund verification procedure

BlackRock will perform the verification procedure to establish your identity. In order to allow us to complete your verification procedure you will need to provide us with the following documentation. Unless otherwise stated ID documents must **NOT** have expired. If we cannot access the information to complete this procedure, we may ask you to provide us with further information, which may include additional documentation from the following.

Par	t I – Acceptable primary ID documents
Sel	ect ✓ ONE of the following documents from this section. If you do NOT own one of the following documents proceed to Part II:
	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.*
Par	t II – Acceptable secondary ID documents
Sho	ould only be presented if you do NOT own a document from Part I.
Sel	ect ✓ ONE of the following documents from this section:
	Australian birth certificate.
	Australian citizenship certificate.
	Pension card issued by Centrelink.
<u>ANI</u>	<u>D</u> select ✓ ONE of the following documents 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 the school.
Par	t III – Acceptable foreign ID documents
Sho	ould only be presented if you do NOT own a document from Part I.
BO	IH documents from this section must be presented:
	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 An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

This is the end of Section A. Submit this form together with the completed Fund Application Form. If you are an investors acting as a Trustee(s), please also complete and submit Section C of this form.

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Section B. Australian Company

If you are:

- a Domestic (Australian) Company complete Section B; or
- a Domestic (Australian) Company acting as a Corporate Trustee of a Trust/Superannuation Fund complete Section B AND Section C.

Section B1: General information														
		Austr	alian co	mpan\	/ num	ber ("ACN"							J
Full company name as registered by ASIC				1)	,	,		,						
Principal place of business (if any): PO Box is NOT	acceptable	Regis	stered of	fice ac	ddres	s: PO	Box is	s NO 1	Гассе	ptabl	е			
Street address		Stre	et addre	SS										_
Suburb		Subi												_
State Posto	ode	State		- + A	4				Po	stcod	e			_
Country (if not Australia)		Cour	ntry (if no	ot Aus	tralia)								
Proceed to Section B2. Section B2: Regulatory / listing of Select ✓ ONE of the following options and provide		n (if ap	plicable)											
Regulated company	Regulator name													
A company whose activities are subject to the oversight of a Commonwealth, State	Licence details													
or Territory statutory regulator. In this context "Regulated" means subject to supervision beyond that provided by ASIC as a company registration body. Examples include:	(eg AFSL, ACL, RSE)													
 Australian Financial Services Licensees (AFSL); 														
Australian Credit Licensees (ACL); or														
Registrable Superannuation Entity (RSE) Licensees.														
Australian listed company	Name of market/exchange													
Majority-owned subsidiary of an	Australian listed													
Australian listed company	company name													
	Name of													_
	market/exchange													
None of the above														
Proceed to Section B3.														
Section B3: Company type														
Select ✓ ONE of the following options and procee	d as directed.													
Proprietary company (company name ends w Pty Ltd; also known as private companies) B4 and B5 to provide Director(s) details (in beneficial owner details (in Section B5) if app	- Proceed to Section Section B4) and the		Public of Ltd or informa complete procedu Public of	Pty tion is ted Fu ire as	Ltd; s req ind Ap show	gene uired oplica n at t	erally 1. Su ation f the end	listed bmit Form. d of S	this f Plea Plea	panie orm se no B.	es) – togeth	No her w e veri	furth vith to fication	er he on
			C - Trus											

procedure as shown at the end of Section B.

Section B4: Director information (only needs to be completed for proprietary companies as ticked in Section B3)

This section does ${f NOT}$ need to be completed for public companies (as ticke	ed in Section B3).
How many directors are there: Provide the below details for	or ALL directors.
1 st Director	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
2 nd Director	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
3 rd Director	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
4 th Director	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)

If there are more than four directors, provide details on a separate sheet and attach to this form.

Regulated company (as selected in Section B2) - No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown at the end of Section B.

Unregulated proprietary company - Proceed to Section B5 to provide beneficial owner details OR to Section B6 if there are no beneficial owners.

Unregulated proprietary company acting as a Corporate Trustee - Proceed to Section B5 to provide beneficial owner details OR to Section B6 if there are no beneficial owners.

Section B5: Beneficial owners (only needs to be completed for proprietary and public unlisted companies that are not regulated companies as selected in Section B2).

Provide details of **ALL** individuals who are beneficial owners of, through one or more shareholdings (including direct and indirect shareholdings), 25% or more of the company's issued capital.

1 st Beneficial owner	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
2 nd Beneficial owner	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
3 rd Beneficial owner	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
4 th Beneficial owner	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surnama	
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)

If there are more than four beneficial owners, provide details on a separate sheet and attach to this form.

Unregulated proprietary company – No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown at the end of Section B.

Unregulated proprietary company acting as a Corporate Trustee – Proceed to Section C "Trusts or Superannuation Funds". Please note the verification procedure as shown at the end of Section B.

Section B6: No shareholder beneficial owners

If there are no shareholder beneficial owners, provide the name(s) of the senior managing official(s) of the company (such as the managing director or directors who are authorised to sign on the company's behalf) by completing Section A1 for each of these officials.

Unregulated proprietary company – **No further information is required**. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown below.

Unregulated proprietary company acting as a Corporate Trustee - Proceed to Section C "Trusts or Superannuation Funds". Please note the verification procedure as shown below.

Australian company verification procedure

BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

This is the end of Section B. Submit this form together with the completed Fund Application Form.

If you are a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, please also complete and submit Section C of this form.

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Section C. Trusts or Superannuation Funds

If you are:

- an Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund, complete Section C AND Section A; or
- a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, complete this Section C AND Section B.

Full name of	f trust or Superannuation Fund				
Full busines	s name of trustee in respect of	the Trust or Superannuation Fund (if any)			
Country whe	ere Trust established (only requ	ired if not Australia)			
Name of set	tlor (the person who settles the	e initial sum to create the Trust or Superannuation Fund)			
Proceed to	Section C2.				
Section	C2: Type of trust				
Select ✓ ON	IE of the following types of trus	ts.			
Regu	lated trust. Select ✓ ONE of the	he following types of regulated trusts and provide the requested information (if applicable).			
	Self Managed Superannuation Fund	SMSF's Australian Business Number			
		SMSF's Australian Business Number			
	Registered managed investment scheme	Australian Desistant d School Number (ADSN)			
		Australian Registered Scheme Number (ARSN)			
	Government superannuation fund	Name of the legislation establishing the fund			
		Name of the legislation establishing the fund			
	Other regulated trust A trust that is subject to the				
	regulatory oversight of a Commonwealth, State or	Name of the regulator (e.g. ASIC, APRA, ATO)			
	Territory statutory regulator such as an approved				
	deposit fund, a pooled Trust's ABN or registration/licensing details superannuation trust or an APRA-regulated				
	superannuation fund.				
Regulated to	rust - Proceed to Section C5.				
Other	trust type. Select ✓ ONE of th	ne following types of unregulated trusts and provide the requested information (if applicable).			
	Family trust				
	Charitable trust				
	Testamentary trust				
	Other type				
		Provide description			

Other trust type - Proceed to Section C3 and Section C4 to provide beneficiary (in Section C3) and Trustee (in Section C4) details.

Section C3: Beneficiary details

Provide beneficiary details **ONLY** if "Other trust type" is selected in Section C2. Do **NOT** complete if the trust is a regulated trust, as ticked in Section C2

Do the terms of the trust identify the beneficiaries by reference to members	nip of a class?
Yes Provide details of the membership class(es) (e.g. unit holders, family members of a named person, charitable purpose).	
No How many beneficiaries are there?	Provide the below details for ALL beneficiaries.
1 st Beneficiary	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
2 nd Beneficiary Full given name(s)	Residential address details: PO Box is NOT acceptable Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
3 rd Beneficiary	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
4 th Beneficiary	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)

If there are more than four beneficiaries, provide details on a separate sheet and attach to this form.

Proceed to Section C4.

Section C4: Trustee details

Provide trustee details $\mbox{\bf ONLY}$ if "Other trust type" is selected in Section C2.	$\label{eq:complete} \mbox{Do NOT complete if the trust is a regulated trust, as ticked in Section C2.}$
How many trustees are there? Provide the below details for trustees in Section A or Section A.	or ALL trustees, unless this information has already been provided for all otion B.
1st Trustee	
	Residential address details if an individual trustee OR company registered office address: PO Box is NOT acceptable
Full given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
2 nd Trustee	
	Residential address details if an individual trustee OR company registered office address: PO Box is NOT acceptable
Full given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
3 rd Trustee	
	Residential address details if an individual trustee OR company registered office address: PO Box is NOT acceptable
Full given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
4th T	
4 th Trustee	Residential address details if an individual trustee OR company
Full given name(s) or company name	registered office address: PO Box is NOT acceptable
r un given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)

If there are more than four trustees, provide details on a separate sheet and attach to this form.

Proceed to Section C5.

Section C5: Control over Trust

1st Controlling person

Advise if anyone else has a substantial control over the trust (e.g. an appointer or individual or company with the power to appoint, remove or instruct trustees).

Residential address details if an individual trustee OR company

	registered office address: PO Box is NOT acceptable
Full Given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
2 nd Controlling person	
	Residential address details if an individual trustee OR company registered office address: PO Box is NOT acceptable
Full Given name(s) or company name	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
an Individual acting as Trustee of a Trust or Superannuation	this form together with the completed Fund Application Form AND if you are: on Fund, also ensure that you have completed and submitted Section A; OR Trustee of a Trust or Superannuation Fund, also ensure that you have completed and
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	is form together with the completed Fund Application Form \mbox{AND} provide the documents $\mbox{\emph{\emph{U}}}$.
Trust verification procedure	
	ered managed investment scheme (as selected in Section C2) - BlackRock will perform a the information to complete this procedure we may ask you to provide us with further
"Other trust type" (as selected in Section C2) – You will need to	o provide us with ONE of the following documents (please select \checkmark):
A notice issued by the Australian Taxation Office within copying or storing this document.	the last 12 months (eg a Notice of Assessment). Block out the TFN before scanning,
A letter from a solicitor or qualified accountant that confi	irms the name of the trust.
An original or certified copy or certified extract of the tru	st deed.

This is the end of Section C. Submit this form together with the completed Fund Application Form.

If you are:

- ▶ an Individual acting as Trustee of a Trust or Superannuation Fund, also ensure that you have completed and submitted Section A; OR
- ▶ a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also ensure that you have completed and submitted Section B.

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Section D. Government Body

Section D1: General information

Full name of Government Body		
Principal place of operations: PO Box	x is NOT acceptable	
Street address		
Suburb		
State	Postcode	
Country (if not Australia)		
Proceed to Section D2.		
Section D2: Governmen	t information	

Select ✓ ONE of the following categories and provide the requested information.

Commonwealth of Australia Government Body

Australian State or Territory Government Body

Specify the State or Territory

Foreign Country Government Body

Specify Foreign Country

Government Body – No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown below.

Government Body verification procedure

BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

This is the end of Section D. Submit this form together with the completed Fund Application Form.

Section E. Partnerships

Section E1: General information

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/ / State Postcode			
	Surname		Suburb
Date of birth (dd/mm/yyyy) Country (if not Australia)		/ /	State Postcode
	Date of bir	th (dd/mm/yyyy)	Country (if not Australia)

If the partnership is **NOT** regulated by a professional association and there are more than three partners, provide details on a separate sheet and attach to this form.

Partnerships - No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown at the end of Section E.

Partnership verification procedure

BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

Partnership regulated by a professional association (as selected in Section E2) - You will need to provide us with ONE document from Part I AND ONE document from Part II.

Part	I – Acceptable ID documents (to verify partnership name)
Selec	et ✓ ONE option from this section:
	An original, a certified copy or certified extract of the partnership agreement.
	A certified copy or a certified extract of minutes of a partnership meeting.
	An original current membership certificate (or equivalent) of a professional association.
	Membership details independently sourced from the relevant professional association.
	A search of the relevant ASIC or other regulator's database.
	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
	An original or certified copy or 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)
Selec	ct ✓ ONE option from this section:
	An original current membership certificate (or equivalent)
	Membership details independently sourced from the relevant professional association

This is the end of Section E. Submit this form together with the completed Fund Application Form.

Section F. Associations

Section F1: General information

Full name of Association	
Provide an ID number issued on incorporation (e.g. registration or incorpora	tion number) (if any)
Proceed to Section F2.	
Section F2: Association details	
Provide the below association details.	
Chairman	
Full given name(s)	Residential address details: PO Box is NOT acceptable
ruii giveii name(s)	Street address
Surname	
	Suburb
/ / Date of birth (dd/mm/yyyy)	State Postcode
Sate of Sirth (ad, min, yyyy)	Country (if not Australia)
Secretary	
Constant	
Full given name(s)	Residential address details: PO Box is NOT acceptable Street address
	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
Treasurer	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
Duranda Ontina FO	
Proceed to Section F3.	
0 11 50 4 111 1	
Section F3: Association type	
Select ✓ ONE of the following types of associations:	
Incorporated Association - Proceed to Section F4.	
Unincorporated Association – Proceed to Section F5.	

Section F4: Incorporated association

Principal place of administra	ation: PO Box is NOT acceptable	Registered office: PO	Box is NOT acceptable
Street address		Street address	
Suburb		Suburb	
State	Postcode	State	Postcode
Country (if not Australia)		Country (if not Australia)	
Name & residential address	of the public officer (or president/	secretary/treasurer if there is no pul	blic officer)
		Residential address details:	PO Box is NOT acceptable
		Street address	
ull given name(s) or officer (if app	olicable)		
		Suburb	
urname		State	Postcode
/ / rate of birth (dd/mm/yyyy)		Country (if not Australia)	
osition			
ncorporated association – No furt he verification procedure as show		t this form together with the comple	ted Fund Application Form. Please no
ne verification procedure as show	n at the end of Section F.	t this form together with the comple	ted Fund Application Form. Please no
Section F5: Unincorpo	rated association	t this form together with the comple	ted Fund Application Form. Please no
	rated association	t this form together with the comple	
Section F5: Unincorporovide the below unincorporated rincipal place of administration	rated association	Individual member identifica	
Section F5: Unincorporovide the below unincorporated rincipal place of administration	rated association	Individual member identification Details of the member who	ation procedure
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Section F5: Unincorpo rovide the below unincorporated rincipal place of administration Street address Suburb State	rated association association details.	Individual member identification Details of the member who for the me	ation procedure is signing on behalf of the Association

Unincorporated assoction - No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown below.

Association verification procedure

"Incorporated Association" (as selected in Section F3 of this form) - BlackRock will perform the Association verification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association.

"Unincorporated Association" (as selected in Section F3 of this form) - You will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association for BlackRock to perform the Association verification procedure.

This is the end of Section F. Submit this form together with the completed Fund Application Form.

Section G. Registered Co-operative

Section G1: General information

Full name of registered co-operative	
Provide an ID number issued by relevant registration body (if any)	
D 11 0 11 00	
Proceed to Section G2.	
Section G2: Registered co-operative details	
Provide the below requested registered co-operative details.	
Chairman	
	Residential address details: PO Box is NOT acceptable
Full given name(s)	Street address
Surname	Suburb
	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
Secretary	
Secretary	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Full given name(s)	Residential address details: PO Box is NOT acceptable Street address
	Street address
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)
	osanay (ii notriastana)
Treasury	
Thousany	Desidential address dataile. DO Day is NOT assentable
Full given name(s)	Residential address details: PO Box is NOT acceptable Street address
	555. ddd1555
Surname	Suburb
/ /	State Postcode
Date of birth (dd/mm/yyyy)	Country (if not Australia)

Proceed to Section G3.

Section G3: Address information

Principal place of operations: PO B	x is NOT acceptable Regis	tered office: PO Box is NOT acceptable
Street address	Street add	ess
Suburb	Suburb	
State	Postcode State	Postcode
Country (if not Australia) Name & residential address of the p	ablic officer (or president/secretary/treasurer	if there is no public officer) address details: PO Box is NOT acceptable
	ablic officer (or president/secretary/treasurer	if there is no public officer) address details: PO Box is NOT acceptable
	ublic officer (or president/secretary/treasurer	if there is no public officer) address details: PO Box is NOT acceptable
Name & residential address of the p	ublic officer (or president/secretary/treasurer	if there is no public officer) address details: PO Box is NOT acceptable
Name & residential address of the p	ablic officer (or president/secretary/treasurer Residential Street add	if there is no public officer) address details: PO Box is NOT acceptable
Name & residential address of the p	Residential Street add Suburb State	if there is no public officer) address details: PO Box is NOT acceptable ess

Registered co-operative - No further information is required. Submit this form together with the completed Fund Application Form. Please note the verification procedure as shown below.

Registered Co-operative identification procedure

BlackRock will perform the Registered Co-operative identification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the register maintained by the co-operative.

This is the end of Section G. Submit this form together with the completed Fund Application Form.