## Checklist for Completing the W-8BEN Form

Below is a checklist to assist in the completion of the W-8BEN form
The form available on the tax website has been used
Wrap account details have been provided
Name of an individual that is a beneficial owner
Country of citizenship
Permanent address
Date of birth
Relevant sections completed in Part II
Only one beneficial owner signs and prints their name on each form
The document has been dated
Please ensure the complete W-BEN form is submitted either via email to wrapsolutions@macquarie.com or via registered post to the following address: GPO Box 4067, Sydney, NSW, 2001
Failure to complete any of the items identified in this checklist may result in the form being rejected by the

Failure to complete any of the items identified in this checklist may result in the form being rejected by the Share Registry and the <u>full rate of withholding tax being applied</u>. We cannot guarantee the receipt of any form. We will pass on valid forms received to the Share Registry.

## Form W-8BEN

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

Go to www.irs.gov/FormW8BEN for instructions and the latest information.

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

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addres		Wrap Account No.						
appearing on the register of the securityholders		Wrap Account Name.						
	.,	GPO Box 4067				,	ce Number (SRN)	
*Must include Country in full		Sydney NSW 2001			Holder Identification Number (HIN)			
				FOR INTERNAL USE ONLY – please do not complete				
		Country	AUSTRA	LIA				
		sident in a FATCA partn risdiction of residence.	er jurisdiction (that is, a Me	odel 1 IGA juriso	diction w	ith reciprocity), c	ertain tax account information may b	
Pari			ficial Owner (see insti	ructions)		<b>0</b>	- Marine and the	
1	Name of inc	dividual who is the benef	ticial owner			2 Country of c	citizenship	
3	Permanent	residence address (stree	et, apt. or suite no., or rural	route). <b>Do not u</b>	se a P.C	. box or in-care-	-of address.	
	City or town	n, state or province. Inclu	ude postal code where app	ropriate.			Country	
4	Mailing add	lress (if different from ab	ove)					
	City or town	City or town, state or province. Include postal code where appropr					Country	
5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)							
6a	Foreign tax	oreign tax identifying number (see instructions)  6b Check if FTIN not legally required						
7	Reference number(s) (see instructions)  8 Date of birth (MM-DD-YYYY) (see instructions)						nstructions)	
Part	∐ Clai	m of Tax Treaty Be	enefits (for chapter 3	purposes onl	y) (see	instructions)		
9	•	t the beneficial owner is					_ within the meaning of the income tax	
40	•	ty between the United States and that country.  cial rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph						
10	Special rai		·				Iding on (specify type of income):	
	-		,			70 rate of within	iding on (opeony type or incomo).	
	Explain the	additional conditions in	the Article and paragraph t	he beneficial ow	ner meet	ts to be eligible fo	or the rate of withholding:	
Part	III Cer	tification						
Under pe	enalties of perjury,	I declare that I have examined th	e information on this form and to the	best of my knowledge	and belief it	t is true, correct, and co	emplete. I further certify under penalties of perjury that	
relate	es or am using	this form to document myse	elf for chapter 4 purposes;	individual that is t	he benefic	cial owner) of all the	income or proceeds to which this form	
	person named form relates to:	on line 1 of this form is not a	a U.S. person;					
			onduct of a trade or business in	the United States				
		-	uct of a trade or business in the			oject to tax under ar	n applicable income tax treaty;	
			vely connected taxable income			,	7,	
(d) the	e partner's am	ount realized from the trans	fer of a partnership interest sub	ject to withholding	under se	ction 1446(f);		
• The pe	erson named on I	ine 1 of this form is a resident of	the treaty country listed on line 9 of	the form (if any) within	the meanir	ng of the income tax tre	eaty between the United States and that country; ar	
• For b	roker transacti	ons or barter exchanges, th	e beneficial owner is an exemp	t foreign person as	defined i	n the instructions.		
							peneficial owner or any withholding agent that ca fication made on this form becomes incorrect	
Sign	Here	I certify that I have the	e capacity to sign for the persor	n identified on line	1 of this fo	orm.		
	,	Signature of bene	eficial owner (or individual auth	orized to sign for b	eneficial o	owner)	Date (MM-DD-YYYY)	
		Print name of signer						