

FATCA/CRS Self-Certification Form

Guide to completing this form

- This form is to be completed by investors who are required to do so under the Application Form or if requested by Generation Life.
- Please ensure you have completed this form in FULL before signing.
- Please use black ink and complete the applicable sections in BLOCK LETTERS.

As a financial institution, we are not able to give tax advice. Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

1.	Investment details							
	Do you have an existing Generation Life investment?							
	Yes, please provide your client or account number. You can find your client or account number on your statement.							
	No, please provide the name of the account. This should be the same as the name on the Application Form.							
_	F : A							
2.	Foreign Account Tax Compliance Act (FATCA)							
2.1	Select type of investor							
	Individual/joint investors – <i>Proceed to section 2.2</i>							
	Entities – Proceed to section 2.3							
	Other entity types – <i>Proceed to section 2.3</i>							
2.2	Individual/joint investors							
	Please attach additional pages if there are more than two individuals.							
	Individual 1							
	Are you a Specified U.S person (as defined by the Australia / U.S. Intergovernmental Agreement to Improve International Tax Compliance and to Implement FATCA) for tax purposes?							
	Yes No							
	If YES, please provide your US Taxpayer Identification Number (TIN)							
	Individual 2							
	Are you a Specified U.S person (as defined by the Australia / U.S. Intergovernmental Agreement to Improve International Tax Compliance and to Implement FATCA) for tax purposes?							
	Yes No							
	If YES, please provide your US Taxpayer Identification Number (TIN)							

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Proceed to section 3

FATCA/CRS Self-Certification Form genlife.com.au 2.3 Entities and other entity types Complete one of the following: US trust, company or partnership Please provide your US Taxpayer Identification Number (TIN) Is the trust, company or partnership exempt for US tax purposes? Yes Proceed to section 3 OR Financial institution or trust with a trustee that is a financial institution **Passive NFFE** Does the Entity have any Controlling Persons who are Specified U.S. Persons (as defined by the Australia / U.S. Intergovernmental Agreement to improve International Tax Compliance and to Implement FATCA)? Yes, please proceed to section 2.4. Attach additional pages if there are more than two. No, proceed to section 3 Please provide your Global Intermediary Identification Number (GIIN), if applicable. If no GIIN is available, please provide the Entity's FATCA status (as defined by the U.S. Internal Revenue Service refer to www.irs.gov for further information). Proceed to section 3 OR Please indicate other entity type by selecting one of the following: Other entity type (please indicate the Entity's FATCA status as defined by the U.S. Internal Revenue Service refer to www.irs.gov for further information) Proceed to section 3 2.4 Specified U.S. Person Specified U.S. Person 1 Title Full given name(s) / company name Surname US Taxpayer Identification Number (TIN)

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Country

Suburb/City/Town

Address (PO Box / RMB / Locked Bag is not acceptable)

Postcode

State

	Specified U.S. Person 2 (if applicable)								
	Title								
	Full given name(s) / company name								
Surname									
US Taxpayer Identification Number (TIN)									
	Address (PO Box / RMB / Locked Bag is not acceptable)								
	Suburb/City/Town	Postcode	State	Country					
3.	Common Reporting Standard (CRS)								
3.1	Tax residency								
	Select type of investor								
	Individual/joint investors – <i>Proceed to section 3.2</i>								
	Other investors – <i>Proceed to section 3.3</i>								
3.2	Individual/joint investors tax residency								
	Please complete the table below to indicate each country you are a tax	x resident and provide	vour Taxpaver Identifica	ation Number (TIN), or equivalent					
	number for each such country. You should seek your own independen								
	Individual 1								
	Country of tax residence	TIN or equivalent nu	mber						
	If no TIN or equivalent number, select reason (either A, B or C)								
	Reason A – The country where the account holder is liable to p	pay tax does not issue	a TIN or equivalent nu	mber to its residents.					
	Reason B – The account holder is otherwise unable to obtain a	-	•						
	Please explain why you are unable to obtain a TIN above.	·							
	Reason C – Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.								
	Individual 2								
	Country of tax residence	TIN or equivalent nu	mbor						
	Country of tax residence	This or equivalent nu	mbei						
	ing TINI or aguiturlant number calest recons (sither A. B. = ; C)								
	If no TIN or equivalent number, select reason (either A, B or C)		. TINI	androna to Monare Salamia					
	Reason A – The country where the account holder is liable to p			nber to its residents.					
Reason B – The account holder is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN above.									
	Reason C – Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.								
	IMPORTANT: Please attach additional pages, signed and dated, if the	ne investor is a tax resid	dent in more than one	country.					
	Proceed to section 4								

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3.3 Other investors tax residency

	Is th	ne account holder a tax resident of a country?													
		Yes													
		Please complete the below to indicate where the account holder is a tax resident (that is, where the account holder is liable to pay tax) and provide your Taxpayer Identification Number (TIN), such as your US TIN, or equivalent number.													
		Country of tax residence TIN or equivalent number													
		If no TIN or equivalent number, select reason (either A, B or C) Reason A – The country where the account holder is liable to pay tax does not issue a TIN or equivalent number to its residents. Reason B – The account holder is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN above.								nts.					
	OR	Reason C – Authorities of the country of tax residence do not re No Please provide the country where effective management takes place.	quire t	the T	'IN or	equiv	alent	t num	ber	to be	disclos	ed.			
		riease provide the country where effective management takes place.													
.4	Tax	residency use indicate CRS entity classification by selecting one of the following:													
		Financial institution – Investment entity (specify entity type below)													
		An investment entity located in a non- participating jurisdiction a	nd ma	anag	ed by	anoth	ner fir	nanci	al in	stitutio	on – <i>Pr</i> o	oce	ed to	o sect	tion 3.5
		Other investment entity – <i>Proceed to section 4</i>													
		Other financial institution (specify entity type below)													
		Depository institution – Proceed to section 4													
		Custodial institution – <i>Proceed to section 4</i>													
		Specified insurance company – <i>Proceed to section 4</i>													
		Non-reporting financial institution – <i>Proceed to section 4</i> Active non-financial entity (NFE) – a corporation the stock of which Please provide the name of the securities market on which the stock is					an es	stablis	shed	d secu	rities m	ark	et.		
			3												
	Proc	ceed to section 4													
		Active NFE – a Related Entity of a corporation whose stock is regularly traded on an established securities market – Proceed to section 4													
		Active NFE – a government entity – Proceed to section 4													
		Active NFE – an international organisation – Proceed to section 4													
	Active NFE – other than D to F (for example, a start-up NFE or a non-profit NFE) – Proceed to section 4														
		Passive NFE – Proceed to section 3.5													

Type A
Type B

3.5 Identification of controlling persons of any entity Account Holder

About controlling persons

A controlling person is the natural person(s) who exercises control over the entity. This will vary depending on the nature of the entity, ownership arrangements and may encompass direct or indirect ownership.

For example, it includes:

for a company other than a listed company, any person holding more than 25% of the company's shares

Controlling person of a legal person - control by ownership

Controlling person of a legal person – control by other means

for a trust, the settlor(s), the trustee(s), the protector(s) (if any), and the beneficiary(ies) or class(es) of beneficiaries, are always treated as Controlling Persons of a trust, regardless of whether or not any of them exercises control over the activities of the trust.

Type C	rpe C Controlling person of a legal person – senior managing official								
Type D	vpe D Controlling person of a trust – settlor								
Type E	ype E Controlling person of a trust – trustee								
Type F	ype F Controlling person of a trust – protector								
Type G									
Type H									
Type I	Controlling person of a legal arranger	nent (non-trust) – settl	or-equivalent						
Type J	Controlling person of a legal arranger	nent (non-trust) – trus	tee-equivalent						
Туре К	Controlling person of a legal arranger	nent (non-trust) – prot	ector-equivalent						
Type L	Controlling person of a legal arranger	nent (non-trust) – ben	eficiary-equivalent						
Туре М	Controlling person of a legal arranger	nent (non-trust) – othe	er-equivalent						
Controlling person 1 Given name(s) Surname									
Please indicate type of controlling person – Refer to section 3.5 (e.g. type A, B, C)									
Date of birth (dd/mm/yyyy) Country of citizenship									
Residential address Address (PO Box / RMB / Locked Bag is not acceptable)									
Suburb/City/Town		Postcode	State	Country					
Postal address (if different to Address (C/- if applicable)	residential address)								
Suburb/City/Town		Postcode	State	Country					

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Tax residency								
Country of tax residence	TIN or equivalent number							
If no TIN or equivalent number, select reason (either A, B or C)								
	ay tax does not issue a TIN or equivalent number to its residents.							
Reason B – The account holder is otherwise unable to obtain a								
Please explain why you are unable to obtain a TIN above.	·							
	- Sales Supram, you are analos to obtain a firt above.							
Reason C – Authorities of the country of tax residence do not re								
IMPORTANT: Controlling Person 1 must also sign this form in section	14.							
Controlling person 2								
Given name(s)								
Surname								
Please indicate type of controlling person – Refer to section 3.5 (e.g. 1	type A, B, C)							
Date of birth (dd/mm/yyyy)								
/ / /								
Country of citizenship								
Residential address								
Address (PO Box / RMB / Locked Bag is not acceptable)								
Suburb/City/Town	Postcode State Country							
Postal address (if different to residential address)								
Address (C/- if applicable)								
Suburb/City/Town	Postcode State Country							
Tax residency								
Country of tax residence	TIN or equivalent number							
If no TIN or equivalent number, select reason (either A, B or C)								
Reason A – The country where the account holder is liable to pay tax does not issue a TIN or equivalent number to its residents.								
Reason B – The account holder is otherwise unable to obtain a TIN or equivalent number.								
Please explain why you are unable to obtain a TIN above.								
Person C. Authorities of the sounts of the sounts	orguins the TIN or organizations are the headisclessed							
	Reason C – Authorities of the country of tax residence do not require the TIN or equivalent number to be disclosed.							
IMPORTANT: Controlling Person 2 must also sign this form in section	ı .							

4. Acknowledgement and declaration

IMPORTANT: All investors must complete.

I/We:

Signature of Investor 1

- represent and warrant that the information provided in this FATCA/CRS Self-Certification Form is accurate and complete in all respects on the date on which I/we sign this form and on each day thereafter until the termination of my/our investment or upon my notification of any change in circumstances which would lead to the certification becoming invalid
- agree to promptly notify Generation Life (being no later than 30 days) of any change in circumstance which would cause the representation and warranty above to be incorrect or misleading, and agree to the FATCA and CRS requirements set out in the relevant disclosure document
- acknowledge that the information contained in this form may be exchanged with the tax authorities of another country in which I/ we may be a tax resident (as advised on this form).

If I/We are giving instructions under authority of a power of attorney, I/ we declare that:

- at the relevant time I/we are acting in that capacity and that the power of attorney is current and valid
- I/We have not received notice of revocation of that power and agree to provide a certified copy of the power of attorney if requested by Generation Life.

oignature of investor i	
Please select the appropriate box	
Investor Trustee Director Parent/Guardian	Power of attorney Trustee of deceased estate
Name (please print)	
Signature	Date (dd/mm/yyyy)
X	
	e will require a certified copy of the power of attorney document as well as the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. document on our website.
Signature of Investor 2	
Please select the appropriate box	
Investor Trustee Director Parent/Guardian	Power of attorney Trustee of deceased estate
Name (please print)	
Signature	Date (dd/mm/yyyy)

If your power of attorney has not previously been registered by us, we will require a certified copy of the power of attorney document as well as the appropriate proof of identification documents in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

For more information, please refer to the `Completing proof of identity' document on our website.

Signature of Controlling Person 1	
(If applicable, please refer to section 3.5)	
Name (please print)	
Signature Signature of Controlling Person 2	Date (dd/mm/yyyy)
(If applicable, please refer to section 3.5) Name (please print)	
Signature	Date (dd/mm/yyyy)
You can submit this form by:	

GPO Box 263, Collins Street West, Melbourne VIC 8007



enquiry@genlife.com.au

Email:

Mail:

Outthinking today.