TAYLOR COLLISON

Sharebrokers and Investment Advisers
www.taylorcollison.com.au
AFSL 247083

OFFICE USE ONLY			
Account no.		HIN number	X
Date received		Adviser name	

October 2018

Account Opening Form

A non-discretionary trading account for financial products

To be completed in full and returned to your Adviser.
Taylor Collison Account Application (Non-discretionary account for financial products.)

This Account Application form enables you to establish an account with Taylor Collison Limited.
Before completing this Account Application, it is important that you read our Financial Services Guide and the Trading Terms and Conditions which are both contained in the booklet titled "New Client Booklet".
We look forward to receiving your signed documentation along with the relevant supporting documents. Please note that all account holders for a new account **must provide us with a form of photo identification** (e.g. driver's licence or passport).
In cases where photo id cannot be provided then additional documentation will be required.

Identification documentation required

Taylor Collison requires a form of photo identification for **all individuals** (including authorised third parties) named in the client application form, to process your application.

Taylor Collison must be able to verify your name and **either** your date of birth or residential address from identification documents which can be provided either as original documents or as certified copies of original documents. If you provide original documents please bring them to the Taylor Collison Office. A Taylor Collison staff member will sight the documents and take a photocopy for our records and return the originals to you immediately.
If you provide certified copies then you can post the documents or deliver them in person to Taylor Collison, we retain these documents. Refer to page 15 for a list of suitable persons who are able to "certify" documents as being a true copy/extract of an original document. **Important – the certified copy of the documents you provide must show the certifier's original signature.**

Pershing – Clearing and Settlement

Pershing Securities Australia Pty Ltd (Pershing) is our Third Party Clearer undertaking settlement and clearing obligations on behalf of Taylor Collison. As such they are referred to on relevant pages of this Application Form. Our experienced settlements team is the first point of call for any settlement enquiries and will be able to resolve any queries that may arise. For more information in relation to our clearing and settlement arrangements or for any queries please contact us on 08 8217 3900.

Completion Checklist

- ☐ Read the 'New Client Booklet'.
- ☐ Complete and sign the Account Application.
- ☐ Signatures are required on pages 9 for all account holders, and may be required on pages 10, 11, 12 or 13.
- ☐ If appointing third parties to operate the account, signatures are required on page 6. They are also required to provide photo identification.
- ☐ Include an original **certified copy of proof of identity document** which verifies name, address, date of birth and signature for each account holder and each person authorised to act on the account. Refer table overleaf for documentation required. (Please refer page 15 for definition of **certified copy**)
- ☐ We may require further information to process your documentation as it is required to meet regulatory requirements for you to be a client of Taylor Collison.
- ☐ When completing the Direct Debit/Credit Authority (page 11) or the International Banking Instruction (page 12) you must provide **a copy of a Bank Statement.** Bank Statements must be less than 6 months old, showing Account Name, Address, BSB and Account Number. Direct Debit/Credit will only be actioned upon receipt of this. Please note: Transaction listings OR Screenshots are not acceptable. Please ensure the nominated Bank Account **can be debited by External Third Parties.**

Please send your completed Taylor Collison Application Form using the enclosed Reply Paid Envelope or address to:
Client Maintenance Officer
Taylor Collison Limited
REPLY PAID 2046
Adelaide SA 5001

Please use a **BLACK** or **BLUE** pen
- print in clear **BLOCK LETTERS**
- if a section is not applicable, do not fill it in
- if you make a mistake, cross it out and initial the change, do not use correction fluid
- please do not hesitate to contact your Adviser should you have any queries or require any assistance to complete this form.

What type of account would you like to open?

✓ SELECT ONE	EXPLANATION	EXAMPLE
☐ Individual or Joint Individuals	Use given names not initials. For joint accounts ASX allows a maximum of three names.	**1** Mr John Alex Brown
☐ Company	Provide full name of Company exactly as it appears on the ASIC company register. Do not use abbreviations.	**1** Browns Pty Ltd
☐ Superannuation Fund and Trusts	The account name must be in the Trustees personal names or if a Corporate Trustee then use the full company name. In both cases, the Fund Name should be provided as an account designation.	**1** Mr John Alex Brown & Mrs Helen Rose Brown **2** <Brown Super Fund a/c>
☐ Partnership	Use partner's personal names and then name of partnership in account designation.	**1** Mr John Brown & Mrs Helen Rose Brown **2** <Brown Partnership a/c>
☐ Minors	Use name(s) of custodian(s) then the name of minor in account designation.	**1** Mr John Alex Brown & Mrs Helen Rose Brown **2** <Kylie Michelle Brown a/c>
☐ Deceased Estate	Use the executor(s) personal name(s) then name of deceased estate in account designation.	**1** Mr John Alex Brown **2** <Estate Bob Brown>
☐ Incorporated or / Unincorporated Association	Use office bearer(s) or nominee(s) name, then name of the association in the account designation.	**1** Mr John Alex Brown **2** <Tennis Club a/c>
☐ Margin Lending	Use full name(s) or full Company name and then your Margin account name should be provided in the account designation.	**1** Mr John Alex Brown **2** <Brown Margin a/c>

Individuals / Directors / Trustees

CATEGORY A (photographic identification)	**CATEGORY B**	**CATEGORY C (Australian Documentation)**
Original certified copy of: 1. International Travel Document a. Current Passport; b. Expired passport which has not been cancelled and was current within the preceding 2 years; c. Other document of identity having the same characteristics as a passport (e.g. this may include some diplomatic documents and some documents issued to refugees). **OR** 2. Both the front and back of a current licence issued under Australian Law (eg. a Drivers Licence or Boat Licence). Expired licences are not acceptable.	**Original certified** copy of: 1. Birth Certificate; 2. Citizenship Certificate; 3. Identification Card of the Public Service; 4. An identification card issued by the Commonwealth, a State or Territory as evidence of the person's entitlement to a financial benefit.	**Original certified** copy of: 1. Mortgage or Financial body documentation; 2. Letter from a Credit Reference Association; 3. Marriage certificate (for maiden name only); 4. Credit card; 5. Foreign driver's licence; 6. Copy of a bank statement; 7. Medicare Card; 8. Copy of a Utility bill (e.g.: gas, electricity, council rates) in the name and same address of the applicant(s).

If you are unable to provide either of the acceptable forms of photo identification i.e. Category A, then you must provide at least one Category B and Category C identification document. At least one document must contain the full name, date of birth and current residential address for each Applicant/Director. The date of certification must be within the last six months. Important – the certified copy of the documents you provide must show the certifier's original signature and details upon which the certifier is signing (page 15).

Other Documentation also required

If Australian Company	We carry out verification of Australian companies online using ASIC's database. Additionally, we require you to provide certified ID for any beneficial owner, being a person who is entitled to or controls 25% or more of the company, according to the requirements listed in table above. The following signatures are required: a) 2 directors or b) Director and Secretary or c) Sole director – then a witness is required and signatories must indicate office held.
If Foreign Individual Client	Provide a certified or notarized copy of the foreign equivalent of the documents sought in table above. Where these documents are not in English, also provide a translation from an accredited translator
If Foreign Company Client	Provide a certified or notarized copy of: • certificate of incorporation, or • extract of a government maintained online Company Register. The document provided must show the full name of the company, its registration number (if any) and the address of its registered office. Additionally, we require you to identify any beneficial owner being a person who is entitled to or controls 25% or more of the company, and provide certified identification for these individuals, according to the requirements listed in Table above.
Trustee (inc Superannuation and other Trusts)	Where the individual or company client, whether foreign or domestic, is dealing with Taylor Collison in their capacity as trustee, please attach: • A certified copy of the entire Trust Deed. • Copy of ID (according to the requirements listed in table above) for a living settlor of the trust but only where the trust was settled for more than $10,000. • Copy of ID (according to the requirements listed in table above) for any beneficiary of the trust who is entitled to or controls 25% or more of the trust. • A copy of the SMSF Investment Strategy.
If Partnership	Original certified copy of the Partnership Agreement
If a minor (<18 years)	Original certified copies of identification documents eg: certified copy of birth certificate, passport or other acceptable ID.
If a Deceased Estate	Original certified copy of the Grant of Probate or Letters of Administration. Other documents may also be requested.
If Incorp or Unincorp Assoc.	Original certified copy of rules or constitution of the Association and original certified copy of the certificate of incorporation.

Account Type and Details

Individual ☐ Joint ☐ Company (or incorporated association) ☐ United States Company* ☐

Minor (under 18) ☐ Partnership ☐ Unincorporated Body or Club ☐ Margin Lending (must complete client profile) ☐

Super Fund ☐ Trust ☐ Estate ☐

Account Name (This will be the permanent name used to register your shares and will appear on your statements)

....

Account designation (optional max 23 characters) ....

If a Company how many directors are there? ....

For Companies, Trusts and Super Funds: ABN .... Tax File No.* ....

*For a United States Company (A company created in the US, established under the laws of the US or a US taxpayer):
Provide the company's US Taxpayer Identification Number (TIN): ....
Is the company an exempt payee for US tax purposes? Yes ☐ No ☐

Applicant 1 / Director 1 / Trustee 1 (Primary Contact)

Title .... Given Names .... Surname ....

Date of Birth ...../...../..... Australian Resident Yes ☐ No ☐ ACN / Tax File No.* ....

Occupation .... Employer .... Position / Title ....

ID Document Type .... ID Document No. .... ID Document Expiry Date ....

Business Telephone .... Home Telephone ....

Mobile Telephone .... Email Address ....

FATCA Information (US Foreign Account Tax Compliance Act):
Is the individual a US citizen or resident of the US for tax purposes? Yes ☐ No ☐
If yes, provide the individual's US Taxpayer Identification Number (TIN): ....

Applicant 2 / Director 2 / Trustee 2

Title .... Given Names .... Surname ....

Date of Birth ...../...../..... Australian Resident Yes ☐ No ☐ ACN / Tax File No.* ....

Occupation .... Employer .... Position / Title ....

ID Document Type .... ID Document No. .... ID Document Expiry Date ....

Business Telephone .... Home Telephone ....

Mobile Telephone .... Email Address ....

FATCA Information (US Foreign Account Tax Compliance Act):
Is the individual a US citizen or resident of the US for tax purposes? Yes ☐ No ☐
If yes, provide the individual's US Taxpayer Identification Number (TIN): ....

Applicant 3 / Director 3 / Trustee 3

Title .... Given Names .... Surname ....

Date of Birth ...../...../..... Australian Resident Yes ☐ No ☐ ACN / Tax File No.* ....

Occupation .... Employer .... Position / Title ....

ID Document Type .... ID Document No. .... ID Document Expiry Date ....

Business Telephone .... Home Telephone ....

Mobile Telephone .... Email Address ....

FATCA Information (US Foreign Account Tax Compliance Act):
Is the individual a US citizen or resident of the US for tax purposes? Yes ☐ No ☐
If yes, provide the individual's US Taxpayer Identification Number (TIN): ....

*Taylor Collison is authorised to collect tax file numbers (TFN) for the purpose of registration of your current and new holdings. We request that you consider providing us with your TFN to enable the update of your TFN electronically to each company register. It is not an offence to withhold your TFN or where the securities are held for a business purpose, your Australian Company Number (ACN). However, if you do not provide your TFN or ACN tax may be deducted from payments of interest and the unfranked portion of dividends at the highest marginal tax rate.

Beneficiaries/Beneficial Owners

Please complete for all Company, Trust and Super Fund Accounts.

If Company: Please include all Individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issue capital.

Beneficial Owner 1:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

Beneficial Owner 2:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

Beneficial Owner 3:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

Beneficial Owner/Beneficiary 4:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

Beneficial Owner/Beneficiary 5:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

Beneficial Owner/Beneficiary 6:
Full Given Name(s) ....
....
Surname ....
Date of Birth ....../....../......
Residential Address (PO Box is NOT acceptable)
....
....
Suburb ....
State .... Postcode ....
Country ....
US citizen or resident for tax purposes
☐ Yes ☐ No

TAYLOR COLLISON USE ONLY:
Superannuation Funds and Trusts

For Superannuation Funds and Trusts, have we received:

Trust Deed	☐ Yes	☐ No	ABN	☐ Yes	☐ No
Investment Strategy (Super Funds Only)	☐ Yes	☐ No	TFN	☐ Yes	☐ No

Addresses

The registration/ mailing address provided below will be the permanent mailing address for your shareholdings as well as the permanent mailing address for your trade confirmations (contract notes).
Under ASIC/ASX Market Integrity Rules we are required to ensure all clients receive a copy of their trade confirmation, even when the account is care of a third party (e.g.: accountant or financial adviser). If you require your registration/mailing address below to be c/- a third party, then please also provide your own mailing address below in the **extra trade confirmation mailing address.**

Residential Address (if a Company account please provide your **Registered Office** address here. **PO Box address are not acceptable.**)

Street Address ....

Suburb ....

State .... Postcode .... Country (if not Australia) ....

Mailing Address (PO Boxes are acceptable) ☐ Tick if same as above.

Street / PO Box Address ....

Suburb ....

State .... Postcode .... Country (if not Australia) ....

Registration Address (PO Boxes are acceptable) ☐ Tick if same as above.

Street / PO Box Address ....

Suburb ....

State .... Postcode .... Country (if not Australia) ....

Trade Confirmations

Please indicate how you would like to receive your trade confirmations

☐ Printed via post ☐ Email ....

☐ Extra copy details ....

Appointing a Third Party to Act on Your Account

This section is optional but must be completed by those clients who wish someone other than the applicants named on this form to operate the account (e.g. spouse, accountant, Power of Attorney or financial planner, or if a company account other office bearers). If acting under Power of Attorney, please attach an original certified copy of the Power of Attorney.
Please note we require certified identification documents for all third parties authorised to act on the account.

Authorised Representative 1

Title .... Given Names .... Surname ....

Date of Birth ..../..../.... Company Name (if relevant) ....

Business Telephone .... Mobile Telephone ....

Email .... Relationship ....

ID Document Type .... ID Document No. .... ID Document Expiry Date ....

Authorised Representative's Signature X ....

Authorised Representative 2

Title .... Given Names .... Surname ....

Date of Birth ..../..../.... Company Name (if relevant) ....

Business Telephone .... Mobile Telephone ....

Email .... Relationship ....

ID Document Type .... ID Document No. .... ID Document Expiry Date ....

Authorised Representative's Signature X ....

Client Investment Profile

Taylor Collison's Advisers are required under s945 Corporations Act 2001 to make enquires as to the level of service you require as well as your personal circumstances to enable your Adviser to give the appropriate level of advice. These rules mean that before giving personal advice Taylor Collison must examine details such as your current financial situation, your personal and financial objectives, as well as your attitude to risk. Accordingly we appreciate you assisting us in completing this Client Profile Form entirely and accurately. The information sought in this document will be regarded by us as strictly confidential. It will be used by your Adviser to ensure that any advice we provide is tailored to your specific needs and objectives.

Please note:

- If this form is not completed we can only provide you with "general" advice, which is advice that does not address your individual needs.
- Where incomplete information is provided, any personal advice will be considered limited personal advice.
- As Taylor Collison only facilitates trading in Market Securities, any personal advice is considered scaled personal advice.
- Taylor Collison accepts no liability for any advice given on the basis of inaccurate or incomplete information.

Please indicate the service you are seeking;

☐ Execution only / nil advice ☐ General Advice ☐ Personal Advice (You must complete form below).

Declaration

☐ I DO NOT WISH TO PROVIDE MY PERSONAL INFORMATION. I acknowledge that any advice or recommendations I receive is on a general advice basis only.

Alternatively please complete the information below:

Past Investment Experience	Extensive	Moderate	Limited	None
Fixed interest	☐	☐	☐	☐
Property trusts	☐	☐	☐	☐
Managed funds	☐	☐	☐	☐
Australian equities	☐	☐	☐	☐
International equities	☐	☐	☐	☐
Warrants/options	☐	☐	☐	☐
Margin lending	☐	☐	☐	☐

Investment Objectives

Which of the following do you consider to be the most relevant to your needs and objectives?

☐ Income ☐ Growth ☐ Balanced (Income & Growth) ☐ Trading ☐ Speculative

☐ Capital Security/ Preservation ☐ Aggressive Growth ☐ Other (please specify) ....

Investment Time Horizons

☐ Less than 18 months ☐ 18 months - 3 years ☐ 3 - 5 years ☐ 5 - 7 years ☐ More than 7 years

Risk Profile

Whether investing or trading, there is a risk of losing some or all of your investment. The more aggressive, active (i.e. frequency of transactions) and growth oriented your investment strategy, the greater the risk. Diversification does reduce the risk of loss from any particular investment holding. The level of risk you are prepared to accept reflects your investment objectives. Accordingly, personal advice (if provided) would be focused on financial products and portfolio weighting which have attributes up to the level indicated by you.

Please indicate the level of risk you are prepared to accept.

☐ **Conservative / Low risk**	Preservation of the capital invested. While there can never be a guarantee of no losses, by diversification and adopting a sound strategy over the long term, the risk of losses is minimized.
☐ **Moderately conservative**	Stable income stream. Modest growth on the capital invested. Medium to long term capital security.
☐ **Balanced/Medium Risk**	Moderate growth on the capital invested. Moderate income stream. Moderate level of capital volatility.
☐ **Moderately aggressive**	High level of growth on the capital invested. Modest level of income stream. High volatility, accepts that shares which are likely to provide capital growth can also result in capital losses.
☐ **Aggressive/High Risk**	High level of growth on the capital invested. Income is incidental. High level of volatility, accepts higher risk of negative returns in search of high returns.

Ultimate Use for Portfolio

- ☐ Fund retirement
- ☐ Long term preservation of assets
- ☐ Comprise an estate for the benefit of my dependants'
- ☐ Educate my dependants or fund another special need for them
- ☐ Fund the acquisition of a house or other large capital asset
- ☐ Invest in a business
- ☐ Be an emergency source of funds
- ☐ Supplement my income
- ☐ Some other purpose

Investment Return Preference

- ☐ Income for high yielding
- ☐ Income and capital gain
- ☐ Capital gain
- ☐ Trading

Financial Situation

Current Gross Annual Income

☐ $0 - $6,000 ☐ $6,001 - $35,000 ☐ $35,001 - $80,000 ☐ $80,001 - $180,000 ☐ $180,001 +

Primary source of income

☐ Business earnings ☐ Salary ☐ Investments ☐ Retirement Assets ☐ Pension

Current reliance on investment income

☐ Entirely ☐ Substantially ☐ Partially ☐ Not at all

Current Financial Position

Please indicate your current INVESTMENT portfolio. If you have no current investments, please write '0' for Total Assets.

Investment Portfolio	**$ Amount**		**$ Amount**
Assets		**Liabilities**	
Superannuation	$ ____________	Home Mortgage	$ ____________
Property (excluding principal residence)	$ ____________	Margin Lending Loans	$ ____________
Shares (listed and unlisted)	$ ____________	Other Borrowings	$ ____________
Fixed Interest	$ ____________	Other Liabilities	$ ____________
Managed Funds	$ ____________	**Total Liabilities**	$ ____________
Cash at Bank	$ ____________		
Residential Property	$ ____________		
International Shares	$ ____________		
Other	$ ____________		
Total Assets	$ ____________		

NET ASSETS **$** ____________

% of portfolio that is geared ____________ %

Execution of Client Application Form

Declaration and acknowledgements

Before signing please ensure that you read the Taylor Collison Limited Financial Services Guide Booklet, which includes the Terms and Conditions and Sponsorship Agreement Terms and Conditions.

- By signing below you are declaring that the information provided on this form is true and correct and
- You are acknowledging that you have received and read Taylor Collison's Financial Services Guide Booklet which contains our Privacy Policy and Trading Terms and Conditions and also our Clearing Participant's Disclosure Statement, Financial Services Guide, Direct Debit Term's Conditions and Privacy policy.
- If this form is signed pursuant to a Power of Attorney please attach an original certified copy.
- You are prepared to accept the risks associated with opening an account.
- Taylor Collison and its Clearing Participant may disclose information relating to your application as required by law.
- You acknowledge that you may receive confirmation of your trading activities electronically.
- You acknowledge that Taylor Collison is entitled to cancel or reverse a Transaction or Order without notice, where the market operator (i.e. ASX etc.) or ASIC has recommended or required cancellation for market integrity reasons, or where the market was operating under an error, or where the cancellation or reversal is permitted under the Rules.
- Directors Guarantee (for Company Accounts Only) – in consideration of Taylor Collison opening the account at the request of the Company named herein as you (the "Client"), we the undersigned hereby irrevocably guarantee the payment to Taylor Collison Limited of each and all sums of money, interest damages, claims, fees and expenses which the client either alone or jointly may become liable to pay Taylor Collison and the due and punctual performance and observance by you of each of the terms, conditions and obligations contained in each and every agreement or arrangement whatsoever including, but not limited to the Terms and Conditions annexed hereto. This guarantee is a continuing guarantee and shall remain in force so long as any obligations of you to Taylor Collison Limited remains outstanding.

Applicant 1 / Director 1 / Trustee 1

(If signing as a sole Director, a witness signature is required. Witness to sign in Applicant 2 and record in "office held" that it is a "witness signature.")

Signature X ....

Print Name ....

Office Held ....

Date ..../........../..........

Applicant 2 / Director 2 / Trustee 2

Signature X ....

Print Name ....

Office Held ....

Date ..../........../..........

Applicant 3 / Director 3 / Trustee 3

Signature X ....

Print Name ....

Office Held ....

Date ..../........../..........

Unless notified in writing, Taylor Collison assumes that any of the above-named individuals are authorised to operate the account and place orders.

Please note authorised representatives cannot authorise changes to client's personal and contact details.

Sponsorship Agreement

Before signing this Sponsorship Agreement, please read the terms and conditions of the Agreement set out in the enclosed booklet. This Agreement is important and, once executed, is a commercial, contractual arrangement between us which imposes obligations on us and on you. Once you've signed the Agreement, we are entitled to assume that you've read and understood the entire terms and conditions of the Sponsorship Agreement. If any part of this explanation or the terms and conditions is not clear, please seek clarification from us. We recommend that you hold your shares through broker sponsorship using the CHESS system.

New CHESS Sponsorship / Transfer CHESS Sponsorship

☐ Please tick this box if you would like Taylor Collison to act as your CHESS sponsorship broker. By doing so you acknowledge that you have read and understood the CHESS Sponsorship Terms contained in the Financial Services Guide Booklet and you agree to be bound by, and comply with them.

If you have an existing CHESS HIN with another broker you may transfer sponsorship by completing the details below. Please enter details as they appear on your current CHESS statements:

Name of Existing Broker .... PID No. .... Your existing HIN ....

CHESS Registered A/C Name ....

Account Designation ....

Address ....

Please select one option: ☐ Transfer HIN (all holdings) ☐ Transfer individual holdings (please specify below.)

Company name	No of units	ASX code

Transfer to CHESS Sponsorship from issuer sponsorship

☐ If you would like to transfer issuer sponsorship holdings to CHESS sponsored holdings. Please enter holdings below or alternatively attach copies of your Issuer Sponsored statements.

Company name	No of units	ASX code	Shareholder Reference No. (SRN)	Address on holder statement

Execution

Applicant 1 / Director 1 / Trustee 1

(If signing as a sole Director, a witness signature is required. Witness to sign in Applicant 2 and record in "office held" that it is a "witness signature.")

Name .... Signature 1 X ....

Applicant 2 / Director 2 / Trustee 2

Name .... Signature 2 X ....

Applicant 3 / Director 3 / Trustee 3

Name .... Signature 3 X ....

Date ..../........../..........

☐ Please tick if you would like a copy of the Executed Sponsorship Agreement sent to you for your financial records.

OFFICE USE ONLY

Execution by Taylor Collison Limited (Sponsoring Participant)

Signature of Authorised Officer .... Name of Authorised Officer ....

HIN .... A/C Number ....

Banking Form 1 – Australian Bank Accounts

If you have a non-Australian bank account please complete page 12: International Banking Instruction.

Pershing
A BNY MELLON COMPANY

IMPORTANT: In order for this Direct Debit/Credit to be actioned you must provide **a copy of a Bank Statement.** Bank Statements must be less than 6 months old, showing Account Name, Address, BSB and Account Number. Direct Debit/Credit will only be actioned upon receipt of this. Please note: Transaction listings or Screenshots are not acceptable. Please ensure the nominated Bank Account **can be debited by External Third Parties.**

Direct Debit/Credit Authority Form Pershing Securities Australia Pty Ltd ("PERSHING")

ABN 60 136 184 962 AFSL No. 338264

Client Account Name: ....

Client Account Number: ....

Direct Debits

For Direct Debits ***all bank account holders*** must sign this section.

1. Default/Nominated Bank Account The Applicant authorises Pershing to directly credit/debit* the Nominated Bank Account.

*Please tick applicable box: Credit ☐ Debit ☐ Both ☐

Financial Institution Name:.. BSB .... Account No. ....

Account Name ....

2. Non Default/Nominated Bank Account The Applicant authorises Pershing to directly credit/debit* the Nominated Bank Account (if applicable).

*Please tick applicable box: Credit ☐ Debit ☐ Both ☐

Financial Institution Name:.. BSB .... Account No. ....

Account Name ....

CLIENTS TO COMPLETE

Individual/Director (1):

Signature **X** .... Date ....../....../......

Print Full Name ....

Secretary/Individual/Director (2):

Signature **X** .... Date ....../....../......

Print Full Name ....

Secretary/Individual/Director (3):

Signature **X** .... Date ....../....../......

Print Full Name ....

If client is a Company, please indicate which type: ☐ Sole Director/Sole Secretary

☐ Two or more directors (two or more directors must sign)

DECLARATION

If you have elected to authorise Pershing to direct debit your Nominated Bank Account and by signing this Direct Debit/Credit Authority Form, you agree to be bound by the Direct Debit Terms and Conditions and the Direct Debit Request Service Agreement.

Banking Form 2 – International Bank Accounts

Applies if you require share sale proceeds to be deposited into a non-Australian Bank Account.

IMPORTANT: In order for this Direct Credit to be actioned you must provide **a copy of a Bank Statement.** Bank Statements must be less than 6 months old, showing Account Name, Address, BIC, Swift, Sort Codes etc. Direct Credits will only be actioned upon receipt of this. Please note: Transaction listings or screenshots are not acceptable.

International Banking Instruction
Pershing Securities Australia Pty Ltd ("PERSHING")

ABN 60 136 184 962 AFSL No. 338264

Client Account Name: ....

Client Account Number: ....

1. Default/Nominated Bank Account

You authorise Pershing Securities Australia Pty Ltd (ABN 60 136 184 962 / AFSL No. 338264) to directly credit the nominated Bank Account:

Financial Institution Name: .... Bank Code: ....

Account No: .... Swift Code ....

IBAN*: .... *IBAN is mandatory for European (not UK) domiciled accounts.

Currency Code#: .... #Refers to currency of the bank account FX is required if not AUD.

Bank Address: ....

Account Name: ....

Beneficiary's Address: ....

2. Non Default/Secondary Bank Account

You authorise Pershing Securities Australia Pty Ltd to directly credit the secondary Bank Account.

Financial Institution/Bank Name: .... Bank Code: ....

Account No: .... Swift Code ....

IBAN*: .... *IBAN is mandatory for European (not UK) domiciled accounts.

Currency Code#: .... #Refers to currency of the bank account FX is required if not AUD.

Bank Address: ....

Account Name: ....

Beneficiary's Address: ....

CLIENTS TO COMPLETE

Individual/Director (1):

Signature X .... Date ..../........../..........

Print Full Name ....

Secretary/Individual/Director (2):

Signature X .... Date ..../........../..........

Print Full Name ....

Secretary/Individual/Director (3):

Signature X .... Date ..../........../..........

Print Full Name ....

If client is a Company, please indicate which type:
- ☐ Sole Director/Sole Secretary
- ☐ Two or more directors (two or more directors must sign)

Banking Instructions for Dividends & Tax File Number Notification

If your shareholdings are **CHESS sponsored** by Taylor Collison this form will advise participating Share Registries to: 1. Deposit your cash dividends and distributions electronically to a nominated Bank Account and/or 2. Record your Tax File Number (TFN).

In order for this instruction to be actioned you must complete the Sponsorship Agreement (page 10) or have an existing CHESS HIN with Taylor Collison.

Pershing A BNY MELLON COMPANY

Please complete individual or both sections as required.

Client Account Name: ....

Client Account Number: ....

Holder Identification No. (HIN): ....

Pershing Securities Australia Pty Ltd (”PERSHING”)

ABN 60 136 184 962 AFSL No. 338264

AUTHORISATION:

By completing this form, whenever you purchase financial products which are CHESS sponsored by Taylor Collison, Pershing will pass your banking details and/or Tax File Number (TFN) via CHESS to the Issuer's Share Registry. These instructions will override all previous instructions you have given Taylor Collison, Pershing or the relevant Issuer. These instructions only apply to holdings CHESS sponsored by Taylor Collison. For other holdings, contact the Issuer directly. There are also no guarantees that all Share Registries will accept these instructions from Pershing. Income Direction Authorisation: I/we will be CHESS Sponsored by Taylor Collison and I/we authorise CHESS and Pershing to severally advise the relevant Issuer or its nominee to pay by direct credit to the Nominated Bank Account (as specified below) all cash dividends, distributions, interest or income payable to my/our HIN. Note that by providing this instruction, it may override your participation in any existing Dividend Reinvestment Plans (DRP) or Bonus Share Plans.

Income Direction Form

IMPORTANT: In order for this Instruction to be actioned you must provide **a copy of a Bank Statement.** Bank Statements must be less than 6 months old, showing Account Name, Address, BSB and Account Number. Direct Debit/Credit will only be actioned upon receipt of this. Please note: Transaction listings or screenshots are not acceptable.

Financial Institution Name: ....

Account Name: ....

BSB: .... Account No. ....

Tax File Number Notification

Individuals/Joint Holders

TFN of Individual (Securityholder 1)

Name 1 (Full Name)

....

TFN of Individual (Securityholder 2)

Name 2 (Full Name)

....

Other Entities

☐ Company ☐ Partnership ☐ Trust ☐ Super Fund ☐ Other

TFN of Company, Partnership, Trust or Super Fund

CLIENTS TO COMPLETE

Individual/Director (1):

Signature **X** .... Date ..../......../........

Print Full Name ....

Secretary/Individual/Director (2):

Signature **X** .... Date......../......../........

Print Full Name ....

Secretary/Individual/Director (3):

Signature **X** .... Date ..../......../........

Print Full Name ....

If client is a Company, please indicate which type: ☐ Sole Director/Sole Secretary ☐ Two or more directors (all must sign)

Important: Please ensure that you provide the correct details. Please note any changes to details must be notified immediately to Taylor Collison. If you fail to (a) provide correct details or (b) immediately notify Taylor Collison of changes to details, we may not be able to provide you with the services your require and accept no responsibility or liability for any resulting loss, liability, cost or expense.

Direct Debit Terms and Conditions

If you complete Pershing's Direct Debit / Credit Authority Form and sign the form in the manner required, you:

(a) request and authorise Pershing (Debit User Identification number 227738) to arrange for any amount which you owe to Pershing from time to time to be debited through the Bulk Electronic Clearing System and paid to Pershing from the account you have nominated in the Application Form;

(b) authorise Pershing to debit in accordance with the Direct Debit Agreement the account nominated by you in the Application Form with any amount Pershing may debit or charge you; and

(c) acknowledge having read and understood, and agree to be bound by, the terms in the Direct Debit Agreement below.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

1. DEFINITIONS

In this Direct Debit Agreement:

Account means the account identified as the direct debit account in the Direct Debit / Credit Authority Form, but only if that account is held with a Financial Institution.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia, or where there is a public holiday simultaneously in Victoria and New South Wales.

Debit Day means the day that payment is due from you to Pershing.

Debit Payment means a particular transaction where a debit is made.

Your Financial Institution means the Financial Institution at which the Account is kept.

2. DEBITING THE CLIENT'S ACCOUNT

2.1 By completing the Direct Debit / Credit Authority Form and signing in the manner prescribed, you authorise Pershing to arrange for funds to be debited from the Account and you warrant and represent that you are duly authorised to request the debiting of payments from the nominated bank account.

2.2 Pershing will only arrange for funds to be debited from the Account as authorised in the direct debit request.

2.3 If the Debit Day falls on a day that is not a Banking day, Pershing may direct Your Financial Institution to debit the account on the following Banking day. If you are unsure about the day on which the Account has or will be debited, you should ask Your Financial Institution.

3. YOUR OBLIGATIONS

3.1 It is your responsibility to ensure that there are sufficient clear funds available in the Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.

3.2 If there are insufficient funds in the Account

3.3 You should check the Account statement to verify that the amounts debited from the Account are correct.

3.4 If Pershing is liable to pay Goods and Services Tax (GST) on a supply made in connection with this agreement, then you agree to pay Pershing on demand an additional amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

4. CHANGES

4.1 You may request deferment of, or alteration to, suspension of these direct debit arrangements or stop any debit item by providing signed written instructions to your financial adviser.

4.2 You may also cancel your authority for Pershing to debit the Account by providing notice to your financial adviser.

4.3 Pershing may make changes or terminate these arrangements at any time by giving 14 days notice in writing to you.

5. DISPUTE

5.1 If you believe that there has been an error in debiting the Account, you should notify Pershing directly on (02) 8999 4000 and confirm that notice in writing as soon as possible by faxing to (02) 8999 4099 or posting to GPO Box 5343, Sydney NSW 2001.

5.2 If Pershing concludes as a result of our investigations that the Account has been incorrectly debited Pershing will arrange for Your Financial Institution to adjust the Account accordingly. Pershing will also notify you in writing of the amount by which the Account has been adjusted.

5.3 If Pershing concludes as a result of our investigations that the Account has not been incorrectly debited Pershing will provide you with reasons and any evidence for this finding.

5.4 Any queries about an error made in debiting the Account should be directed to Pershing in the first instance (and not to Your Financial Institution) so that Pershing can attempt to resolve the matter with you. If the matter cannot be resolved in this manner Pershing may refer it to Your Financial Institution which will obtain details from you of the disputed transaction.

6. ACCOUNTS

Pershing recommends that you:

(a) confirm with Your Financial Institution whether direct debiting through the Bulk Electronic Clearing System (BECS) is available from the Account as direct debiting may not be available on all accounts offered by Your Financial Institution; and

(b) check that the Account details provided to Pershing are correct by checking them against a recent Account statement. If unsure, you should check with your Financial Institution before completing the Direct Debit Request.

7. CONFIDENTIALITY

7.1 Pershing will keep any information (including Account details) in your Direct Debit confidential.

7.2 Pershing will only disclose information that it has about you:

(a) to the extent specifically required by law; or

(b) for the purposes of this Direct Debit Agreement (including disclosing information in connection with any query or claim); or

(c) as permitted by the Terms.

8. GOVERNING LAW

These terms are governed by the laws in force in New South Wales.

Who can certify a copy of your identification document(s)

Certified copy means a document that has been certified as a true copy of an original document (the date of certification must be within the last six months) by one of the following persons:

1) a person who, under a law in force in a State or Territory, is currently licensed or registered to practise in an occupation listed below

Dentist	Legal practitioner	Medical practitioner	Nurse
Optometrist	Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon	Chiropractor

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);

(3) 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;

(4) an officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees.

(5) a person listed in Part 2 of Schedule 2 of the Statutory Declarations Regulations 1993. For the purposes of these Rules, where Part 2 uses the term ‘5 or more years of continuous service’, this should be read as ‘2 or more years of continuous service’;

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
Bailiff
Bank officer with 5 or more continuous years of service
Building society officer with 5 or more years of continuous service
Chief executive officer of a Commonwealth court
Clerk of a court
Commissioner for Affidavits
Commissioner for Declarations
Credit union officer with 5 or more years of continuous service
Employee of the Australian Trade Commission who is: (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and (c) exercising his or her function in that place
Employee of the Commonwealth who is: (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and (c) exercising his or her function in that place
Fellow of the National Tax Accountants' Association
Finance company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this Part
Judge of a court
Justice of the Peace
Magistrate
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
Master of a court
Member of Chartered Secretaries Australia
Member of Engineers Australia, other than at the grade of student
Member of the Association of Taxation and Management Accountants
Member of the Australian Defence Force who is: (a) an officer; or (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or (c) a warrant officer within the meaning of that Act
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
Member of: (a) the Parliament of the Commonwealth; or (b) the Parliament of a State; or (c) a Territory legislature; or (d) a local government authority of a State or Territory
Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
Notary public
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Permanent employee of: (a) the Commonwealth or a Commonwealth authority; or (b) a State or Territory or a State or Territory authority; or (c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this Part
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Police officer
Registrar, or Deputy Registrar, of a court
Senior Executive Service employee of: (a) the Commonwealth or a Commonwealth authority; or (b) a State or Territory or a State or Territory authority
Sheriff
Sheriff's officer
Teacher employed on a full-time basis at a school or tertiary education institution
Member of the Australasian Institute of Mining and Metallurgy

Note: The Statutory Declarations Regulations 1993 are accessible through the Commonwealth of Australia law website, www.comlaw.gov.au

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