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 4045, Sydney, NSW, 2001
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.

MW305NC ING 08/22

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

Name and address as appearing on the register of the securityholders		Wrap Account No.]					
secur	ityriolaers	Wrap Account Name.				tyholder Reference Identification Nu	ce Number (SRN)		
*Must include Country in full		Country A U	STRA	LIA					
		ident in a FATCA partner jurisdiction is diction of residence.	on (that is, a Mo	del 1 IGA jurisd	iction w	ith reciprocity), ce	ertain tax account info	mation may be	
Par	Iden	tification of Beneficial Own	er (see instru	uctions)					
1 Name of individual who is the beneficial owner					2 Country of citizenship				
3	Permanent r	esidence address (street, apt. or su	ite no., or rural r	oute). Do not us	se a P.C). box or in-care-	of address.		
City or town, state or province. Include postal code where app				opriate.	tte. Country				
4	Mailing add	ess (if different from above)							
City or town, state or province. Include postal code where app				opriate.			Country		
5	U.S. taxpay	xpayer identification number (SSN or ITIN), if required (see instructions)							
6a	Foreign tax	Foreign tax identifying number (see instructions)			6b Check if FTIN not legally required				
7 Reference number(s) (see instructions) 8 Date of birth (MM-I						-DD-YYYY) (see ir	nstructions)		
Part	II Claii	n of Tax Treaty Benefits (fo	or chapter 3 p	ourposes only	y) (see	instructions)			
9		the beneficial owner is a resident o		., .	,	within the meaning of	the income tax		
	•	aty between the United States and that country.							
10	Special rate	es and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):							
		of the treaty ide	entified on line 9	above to claim	a	% rate of withhol	ding on (specify type o	income):	
	Explain the	additional conditions in the Article a	nd paragraph th	ne beneficial owr	ner mee	ts to be eligible fo	r the rate of withholding	j:	
Part	Ⅲ Cert	ification							
Under pe	enalties of perjury,	declare that I have examined the information on	this form and to the b	est of my knowledge a	and belief it	t is true, correct, and cor	mplete. I further certify under pe	nalties of perjury that:	
		at is the beneficial owner (or am authoriz his form to document myself for chapter		individual that is th	ne benefic	cial owner) of all the	income or proceeds to wh	ich this form	
	•	n line 1 of this form is not a U.S. person;	4 purposes,						
• This	form relates to:								
(a) ind	come not effect	ively connected with the conduct of a tra	de or business in	the United States;					
(b) in	come effectively	connected with the conduct of a trade	or business in the	United States but i	is not sub	oject to tax under an	applicable income tax trea	aty;	
. ,	•	e of a partnership's effectively connected							
	•	unt realized from the transfer of a partne		_		**			
		ne 1 of this form is a resident of the treaty count	•			•	aty between the United States a	and that country; and	
		ons or barter exchanges, the beneficial ov	·	• .				-1:	
		nis form to be provided to any withholding ago ts of the income of which I am the beneficial o							
Sign	Here	I certify that I have the capacity to s	ign for the person	identified on line 1	of this fo	orm.			
		Signature of beneficial owner (or individual autho	orized to sign for be	eneficial o	owner)	Date (MM-DD-Y		
		Print name of signer							