





8 July 2024

Country

Foreign tax status declaration - Entities

Please use this form to confirm additional identification information, Foreign Account Tax Compliance Act (FATCA) status, and Common Reporting Standard (CRS) information. An entity can be a company, trust, partnership, association, registered co-operative or a government body.

Please complete these instructions in BLACK INK using CAPITAL LETTERS and \checkmark boxes where provided.

Step 1a: Entity	deta	ils										
Account number												
Full Entity name ACN or other registration number												
Entities registered address	s (PO Bo	x is no	t acc	eptak	ole)							
Street												
Suburb										State	Postcode	
Country												
Entities principal place of b	usiness	; if any	or if (differe	ent fr	om a	bove (F	PO Box i	s not a	cceptable)		
Street												
Suburb										State	Postcode	
Country												
Step 1b: For a c	orpo	rate	e tı	rus	tee	9 0	nly					
Does the Entity have a co	-						•					
No, continue to Step	2.											
Yes, please specify r	egulato	or (suc	h as	ASIC,	APR	A)						
Regulator												
Licence number												
Registered name of corporate trustee												
Contact person of the corporate trustee												
Registered address (PO Bo	x is not	accep ⁻	table	e)							 	
Street											7	
Suburb										State	Postcode	

Principal place of business if any or if different from above (Pe	O Box is not acceptable)						
Street							
Suburb	State Postcode						
Country							
Step 2: Taxation details							
Is the Entity a tax resident of Australia?	Yes No						
Is the Entity a tax resident of a country other than Australia?	Yes No						
Please complete the below tax residency information.							
Country	If no TIN, please list Reason A, B or C						
If there are more countries, provide details on a separate she	eet and tick this box						
Reasons for not providing a TIN:							
Reason A - The country of tax residency does not issue TINs							
Reason B - You have not been issued with a TIN - You must p Reason you have not been issued with a TIN (if applicable)	provide details for this reason below,						
Teason you have not been issued with a fire (if applicable)							
OR							
Reason C - The country of tax residency does not require th	ne TIN to be disclosed						
Tax Status							
We are required to collect the tax status of the trust or comp (FATCA) and Common Reporting Standard (CRS). Select one	pany in accordance with the United States Foreign Account Tax Compliance Act e of the following tax status options:						
Other (passive non-financial entity)							
Active non-financial entity							
Financial institution							
Australian public listed company (can only apply to com	ipany accounts)						
Majority owned subsidiary of an Australian public listed	company (can only apply to company accounts)						
For an Association, Trust or Company with a Tax Statu Additional Tax Information form.	us of 'Financial Institution', please complete this form along with the						

Step 3: Foreign Controlling Persons (Individuals)

a Co b Co	see below for examples of role	es of a controlling per						
a Co b Co		es of a controlling per						
a Co b Co		es of a controlling per						
a Co b Co		es of a controlling per						
a Co b Co		es of a controlling per						
a Co b Co		es of a controlling per						
b Co	ntrolling Person of a legal pers		son:					
		on – control by owner	ship					
с Со								
d Co	ntrolling Person of a trust – se	ttlor						
e Co	ntrolling Person of a trust – tru	stee						
f Co	•							
g Co	ntrolling Person of a trust – be	neficiary						
h Co	ntrolling Person of a trust – oth	ner						
i Co	ntrolling Person of a legal arrar	ngement (non-trust) -	- settlor-equivale	ent				
ј Со	Controlling Person of a legal arrangement (non-trust) – trustee-equivalent							
k Co	Controlling Person of a legal arrangement (non-trust) – protector-equivalent							
l Co	Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent							
m Co	Controlling Person of a legal arrangement (non-trust) – other-equivalent							
If there	are more people, please provide	e details on a separate	sheet and tick this	s box .				
	y of the individuals listed above o ey are politically exposed.	considered a Politically	Exposed Person (F	PEP)*? If so, please provide their full names here	and clarit			

Politically exposed persons (PEP) are individuals who occupy a prominent public position or function in a government body or international organisation, either within or outside Australia. This definition also extends to their immediate family members and close associates.

Step 4: Declaration

Please note: The Service Operator collects the information in this form for the purpose of complying with FATCA and CRS requirements.

Any personal information provided in this form will be handled in accordance with the privacy policy at myexpand.com.au/privacy. If you do not provide all of the requested information, we may not be able to action your request or your tax status may not be maintained accurately.

- I will promptly notify the Service Operator if any of these details change and on request with any further information which is necessary or desirable for the Service Operator to comply with any obligations it may have in connection with FATCA/CRS.
- I consent to the collection and use of the above information by the Service Operator for the purposes specified.
- I authorise any changes set out in this form to be applied to or recorded against my/our account.
- I am aware that information provided about me/us and my/our accounts will be provided to the relevant tax authority within Australia, or internationally.

Entity Declaration (To be completed by an authorised representative of the En	ntity, such as a Director or Trustee)
Representative name	
Capacity (Company Director, Trustee, etc.)	
Signature	Date / /
OR	
Financial Planner Declaration (if applicable)	
certify that an authorised representative of the entity has verbally or in writing conave no reason to doubt its reasonableness.	onfirmed to me the truth of the information provided and
AFS Licensee Name	AFSL No.
Representative/ Employee Name	Phone No.
Signature	Date / /
Please forward all correspondence and enquiries to	

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