

US STUDENT HOUSING REIT TRANSITION IDENTIFICATION FORM

This Transition Identification Form must be completed in relation to your units in the US Student Housing REIT ('Fund') issued by Equity Trustees Limited (ABN 46 004 031 298, AFSL 240975), in order to comply with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act (Cth) (**AML/CTF Act**).

This form must be completed to ensure uninterrupted access to income distributions, the ability to apply for new Units, or withdraw existing Units in the Fund after the Fund is de-listed. Distribution payments will be held on account with the Fund's unit registry until identification documentation is received.

- **Completing this form:** we encourage Unitholders to complete this form electronically. If completing by hand, use a black or blue pen and print within the boxes in BLOCK LETTERS, if you make a mistake, cross it out and initial. DO NOT use correction fluid. We encourage Unitholders to keep a photocopy or scan of your completed Transition Identification Form for your records.
- **Signing this form:** Unitholders can either sign this form and the certified identity documents in wet-ink, or via DocuSign. Scanned copies of documents signed in wet-ink will be accepted. If signing via DocuSign, your signature must be an e-signature (an electronic version of your handwritten signature). Typed signatures will not be accepted.
- **Submitting this form:** Unitholders can submit this form either by scanning and emailing it, or by post.

Send your completed Transition Identification Form to:

US Student Housing REIT
C/- Boardroom Pty Limited
GPO Box 3993
Sydney NSW 2001 Australia
OR

Scan and email your form to enquiries@boardroomlimited.com.au and include in the subject line "USQ Transition Identification Form"

Investors with Financial Advisers

If you have a financial adviser, we suggest you contact them to assist with the completion of this form.

Indirect Investors via Platforms

We do not anticipate that indirect investors who have invested via a platform will need to complete the Transition Identification Form or other identification documentation. These investors should confirm the requirements with their platform provider.

Transfers

Unitholders who wish to transfer their holdings (e.g. to a platform omnibus account) can complete the Transfer Form available on Auctus' website (<https://auctusinvest.com/>).

Checklist:

- Section 1 – Investor Details (for Sub-Section 1, ONLY complete the sections that apply)
- Section 2 – Foreign Account Tax Compliance (FATCA) and Common Reporting Standard (CRS) Self Certification
- Section 3 – Identity Verification Requirements
- Section 4 – Acknowledgements and Signatures
- Section 5 – Optional Investor Details – you are not required to complete this section
- Included Certified Copies of Identification Documentation

If you have any questions in relation to this form, please contact the Unit Registry at enquiries@boardroomlimited.com.au

SECTION 1 – INVESTOR DETAILS

Your investor details need to match your current USQ investment.

If you are unsure of your investor details, please contact Boardroom Pty Limited on 1300 737 760 or email enquiries@boardroomlimited.com.au.

Investment held in the name(s) of (must include full legal name(s) of investor(s) and titles (Mr/Ms))

Postal address

Suburb

State

Postcode

Country

Email address * Default for communication

Contact no.

Existing USQ HIN/SRN (Reference Number):

Please ONLY complete the subsections applicable to you.

If invested with an authorised representative, agent or financial adviser please ensure you, your authorised representative, agent and/or financial adviser also complete sub-section IV.

If you are a custodian, please also complete the sub-section V.

If you are an Association, Co-operative, Partnership, Government Body or other type of entity not listed above, please contact Equity Trustees.

Sub-Section I – Individuals/Joint Trustee

Only complete if you have invested individually, jointly or you are an individual or joint trustee. See

Group A AML/CTF Identity Verification Requirements in Section 3

Investor 1

Title

First name(s)

Surname

Residential address (not a PO Box/RMB/Locked Bag) if different to the above

Suburb

State

Postcode

Country

Email address if different to the above

Contact no. if different to the above

Date of birth (DD/MM/YYYY)

Tax File Number* – or exemption code

 / /

Country of birth

Occupation

Does the investor named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

Investor 2

Title First name(s) Surname

Residential address (not a PO Box/RMB/Locked Bag) if different to the above

Suburb State Postcode Country

Email address if different to the above Contact no. if different to the above

Date of birth (DD/MM/YYYY) / / Tax File Number* – or exemption code

Country of birth Occupation

If there are more than 2 registered owners, please provide details as an attachment.

Does the investor named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

Sub-Section II – Companies/Corporate Trustee

Please only complete if you have invested for a company or where the company is acting as trustee. See Group B AML/CTF Identity Verification Requirements in Section 3

Full company name (as registered with ASIC or relevant foreign registered body)

Registered office address (not a PO Box/RMB/Locked Bag) if different to the above

Suburb State Postcode Country

Australian Company Number Tax File Number* – or exemption code

Australian Business Number* (if registered in Australia) or equivalent foreign company identifier

Contact Person

Title First name(s) Surname

Email address if different to the above Contact no. if different to the above

Principal place of business: If principal place of business is same as the registered office street address, state 'As above' below. Otherwise provide address details. For foreign companies registered with ASIC please provide a local agent name and address if you do not have a principal place of business in Australia.

Principal Place of Business Address (not a PO Box/RMB/Locked Bag)

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Suburb

State

Postcode

Country

Registration details (if applicable)

Name of regulatory body

Identification number (e.g. ARBN)

Controlling Persons, Directors and Beneficial Owners

All beneficial owners who own, hold or control either directly or indirectly 25% or more of the issued capital of a proprietary or private company that is not regulated i.e. does not have an AFSL or ACLN etc., will need to provide Group A AML/CTF Identity Verification Requirements specified in Section 3. In the case of an unregulated public company not listed on a securities exchange, provide the details of the senior managing official(s) as controlling person(s) (e.g. managing director, senior executive(s) etc. who is/are authorised to sign on the company's behalf, and make policy, operational and financial decisions) in the following sections. All proprietary and private companies, whether regulated or unregulated, must provide the names of all of the directors.

Names of the Directors of a Proprietary or Private Company whether regulated or unregulated

1	2
3	4

If there are more than 4 directors, please provide details as an attachment.

Names of the Beneficial Owners or Senior Managing Official(s)

Select:

- Beneficial owner 1 of an unregulated proprietary or private company; OR
- Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title

First name(s)

Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

Date of birth
(DD/MM/YYYY)

 / /

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- No Yes, please give details:

Select:

- Beneficial owner 2 of an unregulated proprietary or private company; OR
- Senior Managing Official of an unregulated, unlisted, public (e.g. Limited) company

Title First name(s) Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb State Postcode Country

Date of birth (DD/MM/YYYY)

/ /

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- No Yes, please give details:

If there are more than 2 beneficial owners or managing officials, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.

Sub-Section III – Trusts/superannuation funds

Only complete if you have invested for a trust or superannuation fund.

See Group C AML/CTF Identity Verification Requirements in section 3

Full name of trust or superannuation fund

Full name of business (if any)

Country where established

Australian Business Number* (if obtained)

Tax File Number* – or exemption code

Trustee details – How many trustees are there?

- Individual trustee(s)** – complete subsection I – Investor details – Individuals/Joint
- Company trustee(s)** – complete subsection II – Investor details – Companies/Corporate Trustee
- Combination** – trustee(s) to complete each relevant section

Type of Trust

- Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN)

- Regulated Trust** (including self-managed superannuation funds and registered charities that are trusts)

Name of Regulator (e.g. ASIC, APRA, ATO, ACNC)

Registration/Licence details or ABN

Other Trust (unregulated)

Please describe

Beneficiaries of an unregulated trust

Please provide details below of any beneficiaries who directly or indirectly are entitled to an interest of 25% or more of the trust.

1	2
3	4

If there are no beneficiaries of the trust, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose or charity name):

Settlor details

Please provide the full name and last known address of the settlor of the trust where the initial asset contribution to the trust was greater than \$10,000.

- This information is not required if the initial asset contribution was less than \$10,000, and/or
- This information is not required if the settlor is deceased.

Settlor's full name and last known address

Beneficial owners of an unregulated trust

Please provide details below of any beneficial owner of the trust. A beneficial owner is any individual who directly or indirectly has a 25% or greater interest in the trust or is a person who exerts control over the trust. This includes the appointer of the trust who holds the power to appoint or remove the trustees of the trust.

All beneficial owners will need to provide Group A AML/CTF Identity Verification Requirements in Section 3

Beneficial owner 1 or Controlling Person 1

Select:

- Beneficial owner 1; OR
- Controlling Person – What is the role e.g. Appointer:

Title

First name(s)

Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

 / /

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

Beneficial owner 2 or Controlling Person 2

Select:

Beneficial owner 2; OR

Controlling Person – What is the role e.g. Appointer:

Title

First name(s)

Surname

Residential address (not a PO Box/RMB/Locked Bag)

Suburb

State

Postcode

Country

Date of birth (DD/MM/YYYY)

 / /

If there are more than 2 beneficial owners, please provide details as an attachment.

Does the beneficial owner named above hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

No Yes, please give details:

If there are more than 2 beneficial owners or controlling persons, please copy and complete this page for the other persons or alternatively, provide the additional details as an attachment.

Sub-Section IV – Custodians

If you are a Company completing this Transition Identification Form on behalf of an individual, another company, a trust or other entity, in a Custodial capacity, please complete this section.

Under the AML/CTF Rules, Custodian – means a company that:

- a) is acting in the capacity of a trustee; and
- b) is providing a custodial or depository service of the kind described in item 46 of table 1 subsection 6(2) AML/CTF Act; and
- c) either:
 - i. holds an Australian financial services licence (AFSL) authorising it to provide custodial or depository services under the Corporations Act 2001 (Corporations Act); or
 - ii. is exempt under the Corporations Act from the requirement to hold an AFSL; and
- d) either:
 - i. satisfies the 'geographical link' test in the AML/CTF Act; or
 - ii. has certified in writing to the relevant reporting entity that its name and enrolment details are entered on the Reporting Entities Roll; and
- e) has certified in writing to the relevant reporting entity that it has carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence requirements in accordance with Chapter 15 AML/CTF Rules in relation to its underlying customers prior to, or at the time of, becoming a customer of the reporting entity.

No Yes

In accordance with Rule 4.4.19 of the AML/CTF Rules, do you, in your capacity as Custodian attest that prior to requesting this designated service from Equity Trustees, you have carried out and will continue to carry out, all ACIP on the underlying account holder named or to be named in the Fund's register, including conducting ongoing customer due diligence requirements in accordance with Chapter 15 of the AML/CTF Rules?

No Yes

If you answered YES to all of the above questions, then Equity Trustees is able to apply the Rule 4.4 Custodian rules to this account and will rely upon the customer due diligence conducted by the Custodian on the underlying account holder named or to be named in the Fund's register.

If requested to do so at any time after the provision of this designated service, the Custodian agrees to honour any reasonable request made by Equity Trustees for information or evidence about the underlying account holder in order to allow Equity Trustees to meet its obligations under the AML/CTF Act.

No Yes

Excepting the below circumstances where the custodian answered NO or did not complete any of the above questions, no other information about the underlying account holder is required to be collected. However, further information about you as the Custodian and as a company is required to be collected and verified as required by the AML/CTF rules. Please complete the rest of this form for the Custodian.

Excepting circumstances:

If you answered NO or did not complete any of the above questions, then we are unable to apply the Rule 4.4 Custodian rules to this Transition Identification Form. We are therefore obligated to conduct full "Know Your Client" procedures on the underlying account holder named or to be named in the Fund's register including any named nominee, and the trustees, beneficial owners and controlling persons of the underlying named account in addition to the Custodian. Please complete the relevant forms and provide identity documents for all parties connected to this account.

Sub-Section V – Authorised representative, agent and/or financial adviser

Please complete if you have appointed an authorised representative, agent and/or financial adviser.

See Group D AML/CTF Identity Verification Requirements in Section 3

I am an **authorised representative or agent** as nominated by the investor(s)

You must attach a valid authority such as Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy etc. that is a certified copy. The document must be current and complete, signed by the investor or a court official and permits the authorised representative or agent to transact on behalf of the investor.

Full name of authorised representative or agent

Role held with investor(s)

Signature

If signing via DocuSign, your signature must be an e-signature (an electronic version of your handwritten signature). Typed signatures will not be accepted.

Date

I am a **financial adviser** as nominated by the investor

Name of adviser

AFSL number

Dealer group

Name of advisory firm

Postage address

Suburb

State

Postcode

Country

Email address

Contact no.

Financial Advice (only complete if applicable)

- The investor has received personal financial product advice in relation to this investment from a licensed financial adviser and that advice is current.

SECTION 2 – FOREIGN ACCOUNT TAX COMPLIANCE (FATCA) AND COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION

Sub-Section I – Individuals

ONLY fill this Sub-Section I only if you are an individual. If you are an entity, please fill Sub-Section II.

1. Are you a US tax resident (e.g. US citizen or US resident)?

- No: continue to Question 2.
- Yes: provide your US Taxpayer Identification Number (TIN) and continue to question 2

Investor 1

Investor 2

2. Are you a tax resident of any other country outside of Australia?

- No: you have completed Section 2, please proceed to Section 3 Identity Verification Requirements
- Yes: state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and then you will have completed Section 2 Foreign Account Tax Compliance (FATCA) and Common Reporting Standard (CRS) Self Certification, please proceed to Section 3 Identity Verification Requirements

Investor 1

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

Investor 2

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

If more space is needed please provide details as an attachment.

Reason Code:

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- Reason B: The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor is unable to obtain a TIN in the below table if you have selected this reason).
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
Investor 1	
Investor 2	

Sub-Section II – Entities

Please fill this Sub-Section II only if you are an entity. If you are an individual, please fill Sub-Section I.

3. Are you an Australian complying superannuation fund?

- No: continue to question 4

- Yes: you have completed Section 2 Foreign Account Tax Compliance (FATCA) and Common Reporting Standard (CRS) Self Certification, please proceed to Section 3 Identity Verification Requirements

4. Are you a US Person?

- No: skip to question 6**
- Yes: continue to question 5

5. Are you a Specified US Person?

- No: indicate exemption type and skip to question 7

- Yes: provide your TIN below and skip to question 7

6. Are you a Financial Institution for the purposes of FATCA?

- No: continue to question 7**
- Yes: provide your Global Intermediary Identification Number (GIIN)

If you do not have a GIIN, please provide your FATCA status below and then continue to question 7. If you are a sponsored entity, please provide your GIIN above and your sponsor's details below and then continue to question 7.

- Exempt Beneficial Owner, provide type below:

- Deemed-Compliant FFI (other than a Sponsored Investment Entity or a Trustee Documented Trust), provide type below:

- Non-Participating FFI, provide type below:

- Sponsored Entity. Please provide the Sponsoring Entity's name and GIIN:

- Trustee Documented Trust. Please provide your Trustee's name and GIIN:

- Other, provide details:

7. Are you a tax resident of any country outside of Australia and the US?

- No: continue to question 8**
- Yes: state each country and provide your TIN or equivalent (or Reason Code if no TIN is provided) for each jurisdiction below and continue to question 8

Investor 1

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
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1		
2		

Investor 2

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

If more space is needed please provide details as an attachment.

Reason Code:

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- Reason B: The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor is unable to obtain a TIN in the below table if you have selected this reason).
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
Investor 1	
Investor 2	

8. Are you a Financial Institution for the purpose of CRS?

- No: skip to question 10**
- Yes: specify the type of Financial Institution below and continue to question 9
- Reporting Financial Institution
- Non-Reporting Financial Institution:
- Trustee Documented Trust
- Other: please specify:

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9. Are you an investment entity resident in a non-participating jurisdiction for CRS purposes and managed by another financial Institution?

- No: you have completed Section 2, please proceed to Section 3 Identity Verification Requirements**
- Yes: skip to question 11

Non-Financial Entities**10. Are you an Active Non-Financial Entity (Active NFE)?**

- No: you are a Passive Non-Financial Entity (Passive NFE). Continue to question 11**
- Yes: specify the type of Active NFE below, then you will have completed Section 2 Foreign Account Tax Compliance (FATCA) and Common Reporting Standard (CRS) Self Certification, please proceed to Section 3 Identity Verification Requirements:
- Less than 50% of the entity's gross income from the preceding calendar year is passive income (e.g. dividends, distribution, interests, royalties and rental income) and less than 50% of its assets during the preceding calendar year are assets held for the production of passive income
- Corporation that is regularly traded or a related entity of a regularly traded corporation

Provide name of Listed Entity:

and exchange on which traded:

 Governmental Entity, International Organisation or Central Bank

 Other: please specify:

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Controlling Persons

11. Does one or more of the following apply to you:

- Is any natural person that exercises control over you (for corporations, this would include directors or beneficial owners who ultimately own 25% or more of the share capital) a tax resident of any country outside of Australia?
- If you are a trust, is any natural person including trustee, protector, beneficiary, settlor or any other natural person exercising ultimate effective control over the trust a tax resident of any country outside of Australia?
- Where no natural person is identified as exercising control of the entity, the controlling person will be the natural person(s) who holds the position of senior managing official.

 No: you have completed Section 2, please proceed to Section 3 Identity Verification Requirements
 Yes. provide controlling person information below:

Controlling person 1

Title

First name(s)

Surname

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Residential address (not a PO Box/RMB/Locked Bag)

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Suburb

State

Postcode

Country

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Date of birth (DD/MM/YYYY)

	/		/	
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Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C
1		
2		

Controlling person 2

Title

First name(s)

Surname

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Residential address (not a PO Box/RMB/Locked Bag)

--

Suburb

State

Postcode

Country

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Date of birth (DD/MM/YYYY)

	/		/	
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Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason A, B or C

1		
2		

If there are more than 2 controlling persons, please provide details as an attachment.

Reason Code:

If TIN or equivalent is not provided, please provide reason from the following options:

- Reason A: The country/jurisdiction where the investor is resident does not issue TINs to its residents.
- Reason B: The investor is otherwise unable to obtain a TIN or equivalent number (Please explain why the investor is unable to obtain a TIN in the below table if you have selected this reason).
- Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

If Reason B has been selected above, explain why you are not required to obtain a TIN:

	Reason B explanation
Investor 1	
Investor 2	

SECTION 3 – IDENTITY VERIFICATION REQUIREMENTS

The AML/CTF Act requires the Responsible Entity to adopt and maintain an Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Program. The AML/CTF Program includes ongoing customer due diligence, which may require the Responsible Entity to collect further information.

- Identification documentation provided must be in the name of the investor.
- Non-English language documents must be translated by an accredited translator. Provide both the foreign language document and the accredited English translation.
- If you are unable to provide the identification documents described please contact Equity Trustees.

These documents must be provided as an original or a CERTIFIED COPY of the original.

Who can certify?

Below are examples of who can certify proof of ID documents under the AML/CTF requirements:

- Pharmacist
- Financial Advisor
- Legal practitioner (licensed or registered)
- Medical practitioner (licensed or registered)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants
- Justice of the peace

When certifying documents, the following process must be followed:

- All copied pages of original proof of ID documents must be certified and the certification must not be older than 2 years.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document “certified true copy”. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp “certified true extract”.

GROUP A – Individuals/Joint

Each individual investor, individual trustee, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:

- A current Australian driver’s licence (or foreign equivalent) that includes a photo and signature.
- An Australian passport (not expired more than 2 years previously).
- A foreign passport or international travel document (must not be expired).
- An identity card issued by a State or Territory Government that includes a photo.

If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.

Column A

- Australian birth certificate.
- Australian citizenship certificate.
- Pension card issued by Department of Human Services.

Column B

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual’s name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual’s name and residential address. Block out the TFN before scanning, copying or storing this document.
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual’s name and residential address).

GROUP B – Companies

For Australian Registered Companies, **provide one of the following** (must clearly show the Company's full name, type (private or public) and ACN):

- A certified copy of the company's Certificate of Registration or incorporation issued by ASIC.
- A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSE, ACL etc.
- A full company search issued in the previous 3 months or the company's last annual statement issued by ASIC.
- If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code.
- If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the holding company name, its registration number e.g. ACN, the securities exchange and the ticker (issuer) code.

All of the above must clearly show the company's full name, its type (i.e. public or private) and the ACN issued by ASIC.

For Foreign Companies, provide one of the following:

- A certified copy of the company's Certificate of Registration or incorporation issued by the foreign jurisdiction(s) in which the company was incorporated, established or formed.
- A certified copy of the company's articles of association or constitution.
- A copy of a company search on the ASIC database or relevant foreign registration body.
- A copy of the last annual statement issued by the company regulator.

All of the above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

In addition, please provide verification documents for each beneficial owner or controlling person (senior managing official and shareholder) as listed under Group A.

A beneficial owner of a company is any person entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto, or who holds the position of senior managing official (or equivalent) and is thus the controlling person.

GROUP C – Trusts

For a Registered Managed Investment Scheme, Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-Profit Commission (**ACNC**), or a regulated, complying Superannuation Fund, retirement or pension fund (including a self-managed super fund), **provide one of the following**:

- A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or ATO.
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- A copy from the ACNC of information registered about the trust as a charity.
- Annual report or audited financial statements.
- A certified copy of a notice issued by the ATO within the previous 12 months.
- A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

For all other Unregulated trust (including a Foreign trust), provide the following:

- A certified copy of an extract of the Trust Deed (i.e. cover page and signing page and first two pages that describes the trust, its purpose, appointer details and settlor details etc.)

If the trustee(s) is an individual(s), please also provide verification documents for each trustee as listed under Group A.

If the trustee is a company, please also provide verification documents for a company as listed under Group B.

GROUP D – Authorised Representatives and Agents

In addition to the above entity groups:

- If you are an **Individual Authorised Representative or Agent** – please also provide the identification documents listed under Group A.
- If you are a **Corporate Authorised Representative or Agent** – please also provide the identification documents listed under Group B.

All Authorised Representatives and Agents must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

SECTION 4 – ACKNOWLEDGEMENTS AND SIGNATURES

By completing this Transition Identification Form:

- I/We hereby declare that I/we are not a US Person as defined under tax law in the United States of America (“US”), under Regulation S under the US Securities Act of 1933, as amended, or by the US Commodity Futures Trading Commission.
- I/We consent to the transfer of any of my/our personal information to external third parties including but not limited to fund administrators, fund investment manager(s) and related body corporates who are located outside Australia for the purpose of administering the products and services for which I/we have engaged the services of Equity Trustees or its related body corporates and to foreign government agencies for reporting purposes (if necessary).
- I/We acknowledge and agree that Equity Trustees has outlined in their communications provided to me/us how and where I/we can obtain a copy of the Equity Trustees Group Privacy Statement.
- I/we hereby confirm that all of the information that I/we have provided to Equity Trustees is correct and current in every detail, and should these details change, I/we shall promptly advise Equity Trustees in writing of the change(s).

Investor 1

Name of individual/entity

Capacity (e.g. Director, Secretary, Authorised signatory)

Signature

If signing via DocuSign, your signature must be an e-signature (an electronic version of your handwritten signature). Typed signatures will not be accepted.

Date

Company Seal (if applicable)

Investor 2

Name of individual/entity

Capacity (e.g. Director, Secretary, Authorised signatory)

Signature

If signing via DocuSign, your signature must be an e-signature (an electronic version of your handwritten signature). Typed signatures will not be accepted.

Date

SECTION 5 – OPTIONAL INVESTOR DETAILS

You are not required to complete this section but may choose to complete it if you intend to top-up your investment and/or reinvest distributions.

Investor status

If you intend to top-up your investment (subscribe for additional units in the fund) or reinvest distributions, you are required to provide your investor status. Please select one of the following:

- (1) I am a Wholesale Client (as defined under section 761G of the Corporations Act) in Australia, and I can provide evidence of such upon request.
- (2) I am an investor investing through an investor directed portfolio service, and I can provide evidence of such upon request.
- (3) I am a New Zealand investor, and I can provide evidence of such upon request.
- (4) I do not meet the criteria above and/or I am a Retail Client in Australia (as defined under section 761G of the Corporations Act).

Please note that the ability to directly acquire further units in the Fund and the offer to reinvest distributions **will only be available to** (i) Wholesale Clients (as defined under section 761G of the Corporations Act) in Australia, (ii) investors investing through an investor directed portfolio service (“IDPS”), and (iii) persons in New Zealand. It will not be directly available to Retail Clients in Australia.

Distribution Instructions

The default distribution instruction is that distributions are paid in cash.

If you would prefer to reinvest distributions and you meet criteria (1), (2) or (3) above, please tick this box: