

IDENTIFICATION FORM REGISTERED CO-OPERATIVE

GUIDE TO COMPLETING THIS FORM

• This form is for REGISTERED CO-OPERATIVES only.

o Tax information must be collected from an authorised representative of the Registered Co-operative

SECTION 1: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

1.1	General	al Information						
Full n	Full name of registered Co-operative							
Provi	Provide ID number issued by relevant registration body (if any)							
Full n	name of th	e following (or equivalent Full given name(s)	in each case):			Surname		
Chair	man							
Secre	etary							
Treas	surer							
1.2	Address	Information (select ✓ a	and provide ONE of the f	ollowing)				
🗆 Р	rincipal p	place of operations						
A	ddress(P	O Box is NOT acceptable)						
S	Street							
S	Suburb			State		Postcode	Country	
lf a	a principal	place of operations provi	ded go to Section 1.3.					
	legistered	d office						
A	ddress(P	O Box is NOT acceptable)						
S	Street							
S	Suburb			State		Postcode	Country	
lf a	If a registered office is provided go to Section 1.3.							
□ Name & Residential address of the Secretary (or president or treasurer if there is no secretary)								
F	ull Given	Name(s) of officer (if appl	icable)	S	urname		Positio	on
A	ddress(P	O Box is NOT acceptable)						
S	Street							
S	Suburb			State		Postcode	Country	
1.3 Beneficial Ownership								
Provide the names of the individuals that directly or indirectly control* the Co-operative, such as the Chairman, President, Treasurer or Secretary.								
* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; power of veto; or entitlement on dissolution to 25% or more of the Co-operative's property.								

Complete all fields below and provide a legible certified copy of ID for each individual.

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full given name(s)	Full given name(s)	Full given name(s)
Surname	Surname	Surname
State Street Global Advisors, Australia, Limited (ACN: 003	914 225) and State Street Global Advisors, Australia Serv	vices Limited (ACN: 108 671 441)

Residential Address (PO Box is NOT acceptable)	Residential Address (PO Box is NOT acceptable)	Residential Address (PO Box is NOT acceptable)
Suburb State Country Postcode Date of Birth	Suburb State Country Postcode Date of Birth	Suburb State Country Postcode Date of Birth
Role (such as Chairman or President)	Role (such as Chairman or President)	Role (such as Chairman or President)

If there are more Beneficial Owners, provide details on a separate sheet and tick this box \Box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Registered Co-operative a tax resident of a country other than Australia? Yes (A Registered Co-operative created or established under the laws of a country other than Australia)

If Yes, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below. If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1.	Country	TIN	lf
2.	Country	TIN	lf
3	Country	TIN	lf

no TIN, list reason A, B or C	
no TIN, list reason A, B or C	
no TIN, list reason A, B or C	

No

If there are more countries, provide details on a separate sheet and tick this box. \Box .

Reason A The country of tax residency does not issue TINs to tax residents **Reason B** The Registered Co-operative has not been issued with a TIN **Reason C** The country of tax residency does not require the TIN to be disclosed

SECTION 3: REGISTERED CO-OPERATIVE VERIFICATION

This section outlines the identification documents that we must collect from you.

Section 3.1: Documentation Requirements for Registered Co-operative Verification

 Cross 'X'
 Please provide the following to enable us to verify the Registered Co-operative

 Image: Information provided by ASIC or the relevant registration body responsible for the registration of the Co-operative that evidences the full name of the Co-operative and any unique identifying number issued to the Co-operative upon its registration.

Section 3.2: Documentation Requirements for Individual Verification

Cross 'X'	For all beneficial owners listed in 1.3, you must provide an original certified copy of one of the following types of identification documents for each beneficial owner*. Please attach each identification copy to your application form.			
	•	Australian State / Territory driver's licence containing a photograph of the person		
	•	Australian passport (a passport that has expired within the preceding 2 years is acceptable)		
	•	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person		
	•	Foreign passport or similar travel document containing a photograph and the signature of the person		

* For other identification documentation options, instructions on how to certify a document, and who can certify copies of identification documents please refer to the Customer ID form for individuals which is available on our website at ssga.com

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