

# TFN / ABN NOTIFICATION

Use this form to notify us of your Australian Tax File Number (TFN), Australian Business Number (ABN), your tax status or tax exemption. Please complete in black or blue pen and use CAPITAL letters.

Fund Name:

## 1. Investor Details

Investor Name:

Investor Number:

### Contact Details

Contact name:  Contact phone:

Contact email:

## 2. Taxation details

Where the investment in the fund is held jointly by 2 or more unitholders taxation details for each unitholder need to be provided and this form needs to be completed for each unitholder.

Name:												
Are you a resident of Australia for taxation purposes? (Select <input checked="" type="checkbox"/> one of the following options)												
<input type="checkbox"/> Yes - please complete the below												
<input type="checkbox"/> No - please provide country of residence: _____												
TFN / ABN: <input type="text"/>												
Please indicate to whom this TFN or ABN belongs (Select <input checked="" type="checkbox"/> one of the following options):												
<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Trust or Superannuation Fund <input type="checkbox"/> Other - please specify: _____												
Exemption Number (if applicable): <input type="text"/>												

Please note: You are not obliged to provide either your TFN or ABN but if you do not provide either your TFN or ABN and unless you claim a TFN exemption, the Responsible Entity / Trustee will be required to deduct tax at the highest marginal tax rate (plus Medicare levy). By inserting the ABN and signing this form, you declare that the investment in the above fund is made in the course or furtherance of your enterprise. Collection of TFN information is authorised and its use and disclosure are strictly regulated by the tax and privacy laws.

## 3. Authorisation

I/we instruct Link Fund Solutions (LFS) to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to LFS will be collected and handled in accordance with Link Fund Solutions' privacy policy, a copy of which can be found at [www.linkfundsolutions.com](http://www.linkfundsolutions.com) or posted / emailed to us if we contact LFS on +612 8767 1114. By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.

Signature	<input type="text"/>	Signature	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
Date	<input type="text"/>	Date	<input type="text"/>

Please note it's up to the investor to ensure Link Fund Solutions have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there may be delays in processing of this request.

## 4. Completed Form

Please return the completed form to:

- scan and fax this request to (02) 9221 1194 or
- Please post this completed form to:

Link Fund Solutions  
Attention: Unitholder Services  
Locked Bag 5038  
Parramatta NSW 2124

If you have any questions about this form please contact us on (02) 8767 1114