

KNOW YOUR CLIENT

Association and Registered Co-Operative

WHEN TO USE THIS FORM

Use this form to provide the information we need to verify the organisation's identity and to meet our legal obligations (including those under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)).

VERIFYING AN INVESTOR'S IDENTITY

We need to verify or confirm your identity by checking that certain details you provide in this form **match** the details that are in certain documents you need to attach to this form.

If you are signing this form under Power of Attorney or as the investor's legal or nominated representative (agent), we also need to verify your identity.

Please send us **original certified copies** of your original documents - don't send us the original documents. If the document is not written in English, then you must also attach an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

GETTING YOUR COPIES CERTIFIED

A copy of a document must be certified to be a true and correct copy of the original document. Only certain people can certify copies including:

- police officer or sheriff
- justice of the peace or notary public
- legal practitioner, magistrate, judge or registrar/deputy registrar of a court
- member of any of the following: Chartered Accountants Australia and New Zealand, the Association of Taxation and Management Accountants, CPA Australia or the Institute of Public Accountants.

You can see the full list of people who can certify documents or extracts at www.dexus.com/identification.

Example

I certify that this is a true and correct copy of the original document

John Citizen

John Citizen, Justice of the Peace
10 Other Street
Suburb NSW 2000
02 9999 9999 DD MMM YYYY

DOCUMENTS FOR AN ORGANISATION

The document you need to send us depends on the type of organisation:

1. Association

One or a combination of these:

- an original, original certified copy or certified extract of the constitution or rules of the association
- A search of the relevant ABN database within the preceding six months
- an original certified copy or certified extract of minutes of a meeting of the association
- an original certified copy or certified extract of a Community Management Statement where the Incorporated Association is an Australian Strata or Body Corporate
- in the case of an incorporated association within the preceding six months:
 - information provided by the body responsible for the incorporation of the association; or
 - a search of the relevant ASIC database to verify the Unique Identifying Number (UIN) and the name of an incorporated association.

2. Registered co-operative

One or a combination of these within the preceding six months:

- any register maintained by the co-operative within the preceding six months, or an original certified copy or certified extract of such
- any minutes of a meeting of the co-operative, or an original certified copy or certified extract of such
- information provided by the State, Territory or overseas body responsible for registering the co-operative.

DOCUMENTS FOR ANY INDIVIDUAL TRUSTEE, BENEFICIAL OWNER OR CONTROLLING PERSON

So we can verify the identity of any individual trustee, beneficial owner or controlling person you listed in the form, you need to send us the documents shown under option A or B:

Option A

One of these:

- current Australian state or territory driver licence that has your photo
- Australian mobility parking scheme permit
- Australian passport that is current or expired within the last two years
- card issued under a state or territory law to prove your age that has your photo
- current foreign government passport (or similar international travel document) that has your photo and signature
- current foreign driver licence that has your photo
- current national identity card that has your photo.

Option B

One of these:

- Australian or foreign birth certificate
- Australian or foreign citizenship certificate
- birth certificate extract
- pension card issued by Department of Human Services
- health card issued by Department of Human Services
- Australian or foreign marriage certificate
- an indigenous community identity card
- a name change certificate.

Plus

One of these (**must** include the client's full name and residential address):

- a document issued by the Commonwealth or a state or territory within the last 12 months that shows financial benefits paid to you
- a document issued by the ATO within the last 12 months that shows money to be paid to you or that you need to pay to them (make sure you cross out your TFN)
- a document issued by a local government body or utility provider within the last three months that shows the services provided to you at your address
- if you're under 18 years old, a notice issued by a school principal within the last three months that shows how long you attended that school.

WHAT TYPE OF ORGANISATION ARE YOU COMPLETING THIS FORM FOR?

Association - Complete **Sections 1 and 3**

Registered co-operative - Complete **Sections 2 and 3**

SECTION 1 - ASSOCIATION

Complete this section if you are investing for or on behalf of an association.

All other investors please refer to page 2 for the sections you need to complete.

1A. ASSOCIATION DETAILS

Full name of association

Unique identifying number (as issued upon incorporation by State, Territory or overseas body responsible for the incorporation of the association)

Chairman - Full name

Secretary - Full name

Treasurer - Full name

Trading name (if any, and list all if multiple trading names exist)

Core Business Activity (nature of business/industry type)

1B. ASSOCIATION TYPE

Incorporation association

Unincorporated association

1C. ASSOCIATION ADDRESS DETAILS

Please tick to indicate and provide details for **one** of the following (either registered office, principal place of administration or public officer's name, position and residential address)

Registered office

Address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Principal place of administration

Address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Public officer (or president, secretary or treasurer if there is no public officer)

Full name

Position

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Source of funds

Select how you have sourced these funds to invest with Dexus (choose the **one** most relevant response).

- | | |
|---|--|
| <input type="checkbox"/> Business income | <input type="checkbox"/> Windfall (eg gift) |
| <input type="checkbox"/> Investment income (eg rent, dividends) | <input type="checkbox"/> Government benefits (eg tax benefit) |
| <input type="checkbox"/> Sale of assets (eg property, company) | <input type="checkbox"/> One-off payment (eg matured investment, court settlement) |
| <input type="checkbox"/> Borrowed funds | |
| <input type="checkbox"/> Other | <input type="text"/> |

Source of wealth

Select how you have built your wealth in order to invest with Dexus (choose the **one** most relevant response).

- | | |
|--|----------------------|
| <input type="checkbox"/> Business income | |
| <input type="checkbox"/> Investment income (eg rent, dividends) | |
| <input type="checkbox"/> Sale of assets (eg property, company) | |
| <input type="checkbox"/> Windfall (eg gift) | |
| <input type="checkbox"/> One-off payment (eg matured investment, court settlement) | |
| <input type="checkbox"/> Other | <input type="text"/> |

What is the nature and purpose of your business relationship with Dexus? (Choose the **one** most relevant option)

- | |
|---|
| <input type="checkbox"/> Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time) |
| <input type="checkbox"/> Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals) |
| <input type="checkbox"/> Savings (eg regular deposit with few withdrawals, earning interest to grow your balance) |
| <input type="checkbox"/> Everyday savings (eg frequent deposits and withdrawals) |

1D. CONTROLLING PERSONS

Please list the people who directly or indirectly control the association, such as the chairman, president, treasurer or secretary. You will also need to attach identification documents for **each** person listed.

Controlling Person 1

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 2

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 3

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 4

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

1E. ASSOCIATION TAX INFORMATION

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

Is the Association a tax resident of a country other than Australia?

Yes No

(An Association created or established under the laws of a country other than Australia)

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

If 'No', please proceed to **Section 3** to complete the form.

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 United States. 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

If no TIN, list reason A, B or C (see below)

2. Country

TIN

If no TIN, list reason A, B or C (see below)

3. Country

TIN

If no TIN, list reason A, B or C (see below)

If there are more countries of which the Association is a tax resident, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Association has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

Please proceed to **Section 3** to complete this form.

SECTION 2 - REGISTERED CO-OPERATIVE

Complete this section if you are investing for or on behalf of a registered co-operative.

All other investors please refer to page 2 for the sections you need to complete.

2A. REGISTERED CO-OPERATIVE DETAILS

Full name of the registered co-operative

Please tick to indicate:

Co-operative is registered with ASIC

Co-operative is registered with a foreign registration body

Unique identifying number (as issued to the co-operative when it was registered by the State, Territory or overseas body responsible for registering the co-operative)

Trading name (if any, and list all if multiple trading names exist)

Core Business Activity (nature of business/industry type)

2B. ADDRESS DETAILS

Please tick to indicate and provide details for **one** of the following (either registered office, principal place of operations or public officer's name, position and residential address)

Registered office

Address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Principal place of operations

Address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Secretary (or if there is no such person, the president or treasurer)

Full name

Position

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Source of funds

Select how you have sourced these funds to invest with Dexus (choose the **one** most relevant response).

- | | |
|---|--|
| <input type="checkbox"/> Business income | <input type="checkbox"/> Windfall (eg gift) |
| <input type="checkbox"/> Investment income (eg rent, dividends) | <input type="checkbox"/> Government benefits (eg tax benefit) |
| <input type="checkbox"/> Sale of assets (eg property, company) | <input type="checkbox"/> One-off payment (eg matured investment, court settlement) |
| <input type="checkbox"/> Borrowed funds | |
| <input type="checkbox"/> Other | <input type="text"/> |

Source of wealth

Select how you have built your wealth in order to invest with Dexus (choose the **one** most relevant response).

- | | |
|--|----------------------|
| <input type="checkbox"/> Business income | |
| <input type="checkbox"/> Investment income (eg rent, dividends) | |
| <input type="checkbox"/> Sale of assets (eg property, company) | |
| <input type="checkbox"/> Windfall (eg gift) | |
| <input type="checkbox"/> One-off payment (eg matured investment, court settlement) | |
| <input type="checkbox"/> Other | <input type="text"/> |

What is the nature and purpose of your business relationship with Dexus? (Choose the **one** most relevant option)

- | |
|---|
| <input type="checkbox"/> Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time) |
| <input type="checkbox"/> Business income (eg regular deposits and withdrawals for expenses - mostly for non-individuals) |
| <input type="checkbox"/> Savings (eg regular deposit with few withdrawals, earning interest to grow your balance) |
| <input type="checkbox"/> Everyday savings (eg frequent deposits and withdrawals) |

2C. CONTROLLING PERSONS

Please list the people who directly or indirectly control the Co-operative. At a minimum list the details for a chairman, treasurer or secretary (or equivalent role) where they exist in the Co-operative. Please also list any individual who is entitled (either directly or indirectly) to exercise 25% or more of the voting rights including a power of veto, or would be entitled on dissolution to 25% or more of the property of the registered co-operative, or holds the position of senior managing official (or equivalent).

You will need to attach identification documents for **each** person listed.

Controlling Person 1

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 2

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 3

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

Controlling Person 4

Title Surname

Given name(s) (including all given names)

Alternative name(s) (if any, please list all if multiple alternative names exist)

Date of birth (dd/mm/yyyy) Gender Male Female Other

Role of controlling person

Residential address (a PO box is **not** acceptable)

Unit number Street number Street name

Suburb/Town State Postcode

Country

2D. REGISTERED CO-OPERATIVE TAX INFORMATION

Collection of tax status in accordance with 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 No

(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', please proceed to **Section 3** to complete the form.

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 United States. 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

If no TIN, list reason A, B or C (see below)

2. Country

TIN

If no TIN, list reason A, B or C (see below)

3. Country

TIN

If no TIN, list reason A, B or C (see below)

If there are more countries of which the Registered Co-operative is a tax resident, provide details on a separate sheet and tick this 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

Please proceed to **Section 3** to complete this form.

SECTION 3 - DECLARATION AND SIGNATURE

All investors (or their agents or attorneys if applicable) must complete this section.

ANTI-MONEY LAUNDERING (AML), COUNTER-TERRORISM FINANCING (CTF), UNITED STATES FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) OBLIGATIONS

By applying to invest you warrant that:

- you comply and will continue to comply with all applicable AML & CTF and sanctions laws and regulations and FATCA/CRS obligations, including but not limited to the law and regulations of Australia in force from time to time (AML/CTF and Sanctions Law and FATCA/CRS obligations)
- you are not aware and have no reason to suspect that:
 - the moneys used to fund your investment have been or will be derived from or related to any money laundering, terrorism financing or similar activities that would be illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement ('illegal activity'), or
 - the proceeds of your investment will be used to finance any illegal or sanctioned activities
- you, your agent or your nominated representative will provide us with all additional information and assistance that we may request in order to comply with any AML/CTF and Sanctions Law and FATCA/CRS obligations
- you will notify us if you are or become:
 - a 'politically exposed' person or organisation for the purposes of any AML/CTF Law
 - a 'proscribed person or entity' for the purposes of the Sanction Law, or
 - commonly known by a name other than the name provided in the form you complete at the time of applying for an investment, and
- you will notify us as soon as possible of any changes to your name or business name, address (residential or business), occupation or core business activity, or ownership including any beneficial owners changes or controlling persons changes, where applicable.

By applying to invest you also acknowledge that we may:

- decide to delay or refuse any request or transaction, including by suspending the issue or redemption of units, if we are concerned that the request or transaction may breach any obligation of, or cause us to commit or participate in an offence under any AML/CTF and Sanctions Law and FATCA/CRS obligations, and we will incur no liability to you if we do so
- request further information from you which we reasonably believe is necessary for us to comply with AML/CTF and Sanctions Law and FATCA/CRS. Failing to provide us with this information in a reasonable time may result in restrictions on your account (including closure) in regard to any investment you have with us
- take other action we reasonably believe is necessary to comply with AML/CTF and Sanctions Law and FATCA/CRS obligations, including disclosing any information held about you to any of our related bodies corporate or service providers whether in Australia or outside Australia, or to any relevant Australian or foreign regulator, and
- collect additional information about you from time to time, from you or from third parties, for the purposes of satisfying AML/CTF and Sanctions Law and FATCA/CRS obligations, and that any such information may be used and disclosed as described in the Dexus Privacy Policy available online at www.dexus.com/privacy or by contacting us.

SECTION 3 - DECLARATION AND SIGNATURE (CONTINUED)

DECLARATION

All investors, agents acting as legal or nominated representative for investors and attorneys acting under power of attorney must sign this declaration.

I/We:

- agree to the anti-money laundering, counter-terrorism financing, FATCA and CRS statement above
- declare and agree that any information and documents relevant to and provided with or separate to this data collection form are complete and correct, and if they are about another person, have been provided with the consent of that person
- acknowledge that it is a criminal offence to knowingly provide false or misleading information or documents, and
- if a certified copy of a document containing a photograph of an individual is submitted with this form, I/we warrant that I/we have advised the certifier of their responsibility to be satisfied that the photograph in the original document is a true likeness of the individual named in that document
- agree to notify Dexus when the tax residency of the organisation or any of its controlling persons changes.

SIGNATURE(S) - The signatories must be the same as the application or subscription form which is being submitted.


Signatory 1

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signing as (please tick):

- | | | | | |
|---|--------------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole trader | <input type="checkbox"/> Trustee | <input type="checkbox"/> Director | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Joint investor | <input type="checkbox"/> Partner | <input type="checkbox"/> Sole director | <input type="checkbox"/> Agent | |
| <input type="checkbox"/> Representative of association/co-operative/government body - please specify position (eg chairman) | | | | <input type="text"/> |

Signature



Date (dd/mm/yyyy)


Signatory 2

Title	Surname	First name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signing as (please tick):

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Joint investor | <input type="checkbox"/> Trustee | <input type="checkbox"/> Company secretary | <input type="checkbox"/> Attorney (if more than 2 attorneys, please provide names and signatures) |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Agent | |

Signature



Date (dd/mm/yyyy)

KNOW YOUR CLIENT FORM CHECKLIST

The investor/agent/attorney has:

- Completed all relevant sections of the form
- Read and understood the obligations and declaration in Section 3 and signed and dated this section
- Attached original certified copies of documents to verify the identity of your organisation as set out on page 1
- Attached original certified copies of documents to verify the identity of any beneficial owner and controlling person that has been listed in this form, as set out on page 1

CONTACT DETAILS

Dexus Fund Operations

PO Box R1822

Royal Exchange NSW 1225

E: unlistedfunds@dexus.com

W: www.dexus.com