

KNOW YOUR CLIENT

Partnerships

WHEN TO USE THIS FORM

Use this form to provide the information we need to verify the Partnership'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 A PARTNERSHIP

The documents you need to send us:

- an original certified copy or certified extract of the executed partnership agreement including partnership name, establishment date, registration details, purpose of the partnership, partners' names and contributions, manager's power if any
- a search of the relevant ASIC database within the preceding six months
- an original certified copy or certified extract of minutes of a partnership meeting where office-bearers are appointed and BO(s) is/are clearly specified
- membership details sourced from the relevant professional association issued within the preceding six months
- an original certified copy or certified extract of a certificate of registration of business name issued by a government or government agency in Australia
- a notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months
- a letter from a solicitor or qualified accountant that confirms the name and existence of the partnership and ultimate beneficial owners' details dated within the preceding six months
- an original certified copy of a current membership certificate (or equivalent) of a professional association
- for multiple layers of ownership, a certified ownership structure chart up to individual beneficial owner level (if not regulated or listed on a Dexus approved stock exchange).

For General Partner/Limited Partner ownership, please provide:

- an original certified copy of the executed partnership agreement
- a list of limited partners.

If the partnership is ultimately owned by a fund, please also provide:

- any document which confirms all the relationships between the related parties of the fund: Manager, Investment Manager, Fund Administrator etc. For example, offering memorandum, private placement memorandum, product disclosure statement, audited financials etc
- an executed Investment management agreement
- AML attestation letter from the fund administrator confirming any individual investors investing >= 25%.

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.

SECTION 1 – PARTNERSHIP DETAILS

Complete this section if you are investing for or on behalf of a partnership.

1A. PARTNERSHIP DETAILS

Full name of partnership

Full registered business name (if any) of the partnership

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

Country where partnership established

Core business activity (nature of business/industry type)

Source of funds

Select how you have sourced these funds to invest with Dexu (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 Dexu (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 |
-

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

- ☐ Building wealth (eg a large initial deposit, using investment returns to grow your wealth over time)
- ☐ Business income (eg regular deposits and withdrawals for expenses – mostly for non-individuals)
- ☐ Savings (eg regular deposit with few withdrawals, earning interest to grow your balance)
- ☐ Everyday savings (eg frequent deposits and withdrawals)

1B. TYPE OF PARTNERSHIP

Is the partnership regulated by a professional association?

- ☐ No – go to part 1C
- ☐ Yes – please complete the following

Name of association

Membership details

1C. PARTNER DETAILS

For Partnerships regulated by a professional association, please provide details and identification documents for **ONE** of the partners.

For Partnerships not regulated by a professional association, please provide details of **ALL** partners and identification documents for **ONE** of the partners.

Please complete a separate 'Know your client - Australian Company' or 'Know your client - Foreign Company' form and provide documents accordingly if a company is listed as a partner.

Partner 1

Title	Surname/Business name		
<input type="text"/>	<input type="text"/>		
Given name(s)	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>		
Registration number (only where the partner is not an individual)			
<input type="text"/>			
Residential/Business address (a PO box is not acceptable)			
Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country			
<input type="text"/>			

Partner 2

Title	Surname/Business name		
<input type="text"/>	<input type="text"/>		
Given name(s)	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>		
Registration number (only where the partner is not an individual)			
<input type="text"/>			
Residential/Business address (a PO box is not acceptable)			
Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country			
<input type="text"/>			

Partner 3

Title	Surname/Business name		
<input type="text"/>	<input type="text"/>		
Given name(s)	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>		
Registration number (only where the partner is not an individual)			
<input type="text"/>			
Residential/Business address (a PO box is not acceptable)			
Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country			
<input type="text"/>			

Partner 4

Title	Surname/Business name		
<input type="text"/>	<input type="text"/>		
Given name(s)	Date of birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>		
Registration number (only where the partner is not an individual)			
<input type="text"/>			
Residential/Business address (a PO box is not acceptable)			
Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country			
<input type="text"/>			

1D. BENEFICIAL OWNERS

Please list the people, other than the partners listed above, who ultimately own 25% or more of the partnership, or are entitled (directly or indirectly) to exercise 25% or more of the voting rights, including power of veto. **If no person meets this definition, go to the next page.**

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

Beneficial Owner 1

TitleSurname

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

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

Unit numberStreet numberStreet name

Suburb/TownStatePostcode

Country

Beneficial Owner 2

TitleSurname

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

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

Unit numberStreet numberStreet name

Suburb/TownStatePostcode

Country

Beneficial Owner 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

Residential address (a PO box is not acceptable)

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Country

Beneficial Owner 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

Residential address (a PO box is not acceptable)

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Country

1E. CONTROLLING PERSONS

If you did not list any Beneficial Owners, please list the people who directly or indirectly control the partnership. You will also need to attach identification documents for **each** person listed. A person may control the partnership through the capacity to make decisions about financial or operating policies, or by way of trusts, agreements and practices.

If there are no individuals who meet the above criteria, please provide details of the most senior official(s), such as a managing partner or an individual with authorisation to sign on the partnership's behalf.

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

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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

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SECTION 2 – PARTNERSHIP TAX INFORMATION

2A. TAX STATUS

Tick one of the Tax Status boxes below (if the Partnership is a Financial Institution, please provide all the requested information below).

☐ **A Financial Institution** (a custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes)

Please complete sections (a) and (b) below

(a) Provide the Partnership's Global Intermediary Identification Number (GIIN), if applicable

If the Partnership is a Financial Institution but does not have a GIIN, provide its FATCA status (select **ONE** of the following statuses)

☐ Deemed Compliant Financial Institution

☐ Excepted Financial Institution

☐ Exempt Beneficial Owner

☐ Non Reporting IGA Financial Institution

☐ Non-Participating Financial Institution

☐ US Financial Institution

☐ Other (describe the Partnership's FATCA status)

(b) PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

☐ Yes ☐ No

If 'Yes', proceed to **part 2B** (Foreign Beneficial Owners or Controlling Persons). If 'No', please go to **Section 3** to complete the form¹

☐ **An Active Non-Financial Entity (NFE)**
(Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (eg dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Partnership is an Active NFE, please proceed to **part 2C** (Country of Tax Residency)

☐ **Other** (Partnerships that are not previously listed – Passive Non-Financial Entities)

Please proceed to **part 2B** (Foreign Beneficial Owners or Controlling Persons).

1. CRS Participating Jurisdictions are on the OECD website at www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction.

2B. FOREIGN BENEFICIAL OWNERS OR CONTROLLING PERSONS

Are any of the Partnership's Beneficial Owners or Controlling Persons tax residents of countries other than Australia?

☐ Yes

☐ No

A Controlling Person is any individual who directly or indirectly owns or controls the Partnership and includes all Partners or Senior Managing Officials. Tax residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the United States, tax residency can be as a result of citizenship or residency.

If 'Yes', please provide the details of these individuals below (unless already provided in **part 1C** and/or **1D**) and complete a separate Tax Status Declaration Form for each of them. US citizens and tax residents should complete the US Tax Status Declaration Form. These forms are available online at www.dexus.com/identification.

Full given name(s)

Surname

Role (such as Director or Senior Managing Official)

Full given name(s)

Surname

Role (such as Director or Senior Managing Official)

Full given name(s)

Surname

Role (such as Director or Senior Managing Official)

If there are more Beneficial Owners or Controlling Persons who are tax residents of countries other than Australia, provide details on a separate sheet and tick this box. ☐

Please complete a separate Tax Status Declaration Form for each of them.
US citizens and tax residents should complete the US Tax Status Declaration Form.
These forms are available online at www.dexus.com/identification.

2C. COUNTRY OF TAX RESIDENCY

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

☐ Yes

☐ No

(A Partnership created or established under the laws of a country other than Australia)

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

If 'No', please proceed to **Section 2** 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 Partnership is a tax resident, provide details on a separate sheet and tick this box.

☐

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 Dexu Privacy Policy available online at www.dexu.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 Dexu 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"/> Joint investor	<input type="checkbox"/> Agent	<input type="checkbox"/> Attorney
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Signature

Date (dd/mm/yyyy)

Signatory 2 – Joint investor

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"/> Agent	<input type="checkbox"/> Attorney (if more than 2 attorneys, please provide names and signatures)
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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 a separate sheet with the name details for other partners, if the partnership is not regulated by a professional association
- ☐ Attached original certified copies of documents to verify the identity of the partnership, 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 2

CONTACT DETAILS

Dexus Capital Funds Management Limited
GPO Box 3993
Sydney NSW 2001
Email: dexus@boardroomlimited.com.au