

Self Certification Declaration Form for Controlling Person

Please read before completing this form


Regulations based on the OECD Common Reporting Standard (“CRS”) require Financial Institutions such as Trilogy Funds Management Limited (ACN 080 383 679 AFSL 261425), to collect and report certain information about an Account Holder’s tax residence. If you are tax resident of any country outside Australia, we may be legally required to pass on the information provided in this form (and other financial information about the financial account(s) to which this form relates), to the Australian Taxation Office (“ATO”). The ATO may exchange this information with tax authorities of other jurisdictions.

To help you complete this form, please refer to *Common Reporting Standard - Guidance and Defined Terms* available at www.trilogyfunds.com.au/forms.

STEP 1 : CAN I COMPLETE THIS FORM

Please complete this form where you need to self-certify as a Controlling Person of a controlled entity which is an Investor. Please complete a separate Form for each Controlling Person of an Account Holder that is (1) a Passive Non-Financial Entity (“NFE”) or (2) an Investment Entity located in a Non-Participating Jurisdiction managed by another Financial Institution. An additional *Self Certification Declaration Form* is available at www.trilogyfunds.com.au/forms.

STEP 2 : COMPLETE FORM

Fill in all relevant sections of this form in blue or black pen and using BLOCK letters. Print X in the appropriate boxes to indicate your response.  Do not use whiteout on this form. If you need to correct a mistake cross out the section to be corrected accompanied with your full signature.

STEP 3 : SEND YOUR FORM

Select your method of delivery:

OPTION 1 Free post your form to:
Trilogy Funds Management Limited
Reply Paid 1648
Brisbane QLD 4001

OPTION 2 Scan and email your form to:
investorrelations@trilogyfunds.com.au

Please contact us if you have any questions about the *Self Certification Declaration Form* process. Phone Investor Relations on 1800 230 099 (New Zealand +800 5510 1230) or email investorrelations@trilogyfunds.com.au

PART 3: Type of Controlling Person

PLEASE PROVIDE THE CONTROLLING PERSON'S STATUS BY TICKING THE APPROPRIATE BOX.

If the Controlled Entity is a company, corporation (or similar legal arrangement), please select among the following types:

- Owner (direct or indirect)
- Controlling Person by other means
- Senior Management Official (Note: this only applied where no natural person exerts control through ownership interests)

If the Controlled Entity is a trust, please select among the following types:

- Settlor
- Trustee
- Protector
- Beneficiary

Other (please specify):

If the Controlled Entity is another legal arrangement (non-trust), please select among the following types:

- Settlor
- Trustee
- Protector
- Beneficiary
- Partner

Other (please specify):

PART 4: Declarations and acknowledgements

- I/We acknowledge and agree that information contained in this form and information regarding the Entity Account Holder and any Reportable Account(s) may be reported to the ATO, and they may exchange this information with the country or countries in which I/we may be resident for tax purposes.
- I/We undertake to advise Trilogy Funds Management Limited (ACN 080 383 679 AFSL 261425) within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, by providing Trilogy Funds Management Limited with a suitably updated *Self-Certification Declaration Form* within 30 days of such change in circumstances.
- I/We certify that I am the Account Holder (or I am/we are authorised to sign for the Account Holder) of all the account(s) held by the entity to which this form relates.
- I/We certify that the tax residence jurisdictions provided above represent all jurisdictions in which I am/we are considered tax resident.
- I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Given name(s)

Surname

Signature Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney and certified photo ID.

Capacity

PART 5: Further Information

For further information please contact us. Phone Investor Relations on 1800 230 099 (New Zealand +800 5510 1230) or email investorrelations@trilogyfunds.com.au.

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Your tax adviser may be able to assist you in answering specific questions on this form. Alternatively you can find further information on the OECD Automatic Exchange of Information Portal or at the ATO's Foreign Tax Resident Reporting - Guide for Customers, Investors or other Account-Holders.

If an investor does not provide us with the required documentation, or wishes to remain undocumented for CRS purposes, Trilogy Funds Management Limited (ACN 080 383 679 AFSL 261425) will nevertheless be obliged to report the investor data (such as account balances and financial income) to the ATO.

END OF FORM