

ANNEXURE A PASSIVE NFE/OTHER RELEVANT ENTITY TYPE - CONTROLLING PERSONS CERTIFICATION



Suncorp Bank will only collect and share your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed via our website or contacting us on 13 11 75. If there are more than three Controlling Persons, provide additional copies of this page as required.

For more information and further resources, please refer to our website: <https://www.suncorpbank.com.au/help-support/automatic-exchange-of-information>

STEP 1. PASSIVE NFE/OTHER RELEVANT ENTITY:

Name of Entity Account Holder

Indicate the total number of Controlling Persons for the Account Holder (detailed in full below)

The total Number of Pages provided for Annexure A is:

Office Use Only

Returned completed forms to:

- a. Mail: Suncorp Bank (Norfina Limited), IPC 4BK230 Reply Paid 88968, Brisbane QLD 4001;
- b. Your local Branch, Relationship Manager or Contact point; or
- c. Scan and email: AEOI@suncorpbank.com.au

Reason Codes:

- A** The country/jurisdiction where the Account Holder is resident for tax purposes does not issue TINs to its residents.
- B** The Account Holder is otherwise unable to obtain a TIN or equivalent number.
- C** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.)

1.1 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth (DD/MM/YYYY)

c) Full Residence Address

Country

d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is **only** Tax Resident in Australia **OR** I have included **below** all countries in which the Controlling Person is Tax Resident (**other than** Australia)

Country of Tax Residence (Do not include Australia)	Tax payer identification number (TIN) (or country equivalent)	Reason Code (if TIN not provided)

Please note, **US Citizens** are considered to be Tax Residents of the US.

1.2 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth (DD/MM/YYYY)

c) Full Residence Address

Country

d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is **only** Tax Resident in Australia **OR** I have included **below** all countries in which the Controlling Person is Tax Resident (**other than** Australia)

Country of Tax Residence (Do not include Australia)	Tax payer identification number (TIN) (or country equivalent)	Reason Code (if TIN not provided)

Please note, **US Citizens** are considered to be Tax Residents of the US.

1.3 CONTROLLING PERSON DETAILS:

a) Full Name of Controlling Person

b) Date of Birth (DD/MM/YYYY)

c) Full Residence Address

Country

d) Tax Residency Information: (Please check appropriate box and complete the table) This Controlling Person is **only** Tax Resident in Australia **OR** I have included **below** all countries in which the Controlling Person is Tax Resident (**other than** Australia)

Country of Tax Residence (Do not include Australia)	Tax payer identification number (TIN) (or country equivalent)	Reason Code (if TIN not provided)

Please note, **US Citizens** are considered to be Tax Residents of the US.

STEP 2. ENTITY ACCOUNT HOLDER DECLARATION AND SIGNATURE: I CERTIFY THAT:

- I am authorised to sign for the Account Holder/Controlling Person(s).
- I have provided true, correct and complete information.
- I have consulted an independent advisor where necessary and acknowledge that Suncorp Bank does not provide any advice.
- I understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- I have obtained the necessary consent and authorisation to allow disclosure and use of the information provided in this Self-Certification (including Annexure A to this Self-Certification).
- An authorised representative of the Account Holder/Controlling Person will notify Suncorp Bank of changes to any information within 30 days of the change occurring and, where required, will provide Suncorp Bank with a new Self-Certification.
- I will provide Suncorp Bank with any additional information and/or documentation as requested.
- I have provided/will provide the applicable documents (eg. Power of Attorney/ Form W).

Signature

Print name

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Please also provide documentary evidence of the capacity to sign)