

**Client Service contact details**

Enquiries email  
[clientservice@pengana.com](mailto:clientservice@pengana.com)  
Transactions email  
[transact@pengana.com](mailto:transact@pengana.com)  
Phone  
+61 2 8524 9900

**Pengana Capital Ltd**

ABN 30 103 800 568  
AFSL 226566

## Tax file numbers, Australian Business Numbers or exemptions form

Use this form if you are an existing investor and wish to update your tax file number (TFN), Australian Business Number (ABN) or advise of a reason for exemption.

**1. COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND USING A BLACK PEN. IF YOU MAKE AN ERROR WHILE COMPLETING THIS FORM, DO NOT USE CORRECTION FLUID. CROSS OUT YOUR MISTAKES AND INITIAL YOUR CHANGES.**

Please double check that you have done the following:

- written your account number and account name as it appears on your latest statement
- completed the tax section relevant to you
- signed the form as per the 'Signing instructions' in section 3.

**2. SEND YOUR DOCUMENTS TO US.**

You can return your form by post or email according to the details below:

Send by post: Pengana Capital Group  
GPO Box 804  
MELBOURNE VIC 3001

Scan and email to: [transact@pengana.com](mailto:transact@pengana.com)

Please include your account number in the subject line of your email

## 1. INVESTOR DETAILS

Account number

--	--	--	--	--	--	--	--	--

Account name


## 2. TFN, ABN OR EXEMPTIONS

### Individuals

Please provide your TFN or reason for exemption. If you are an Australian resident and do not provide your TFN, or reason for exemption, you will be taxed at the highest marginal tax rate plus the Medicare levy.

TFN

--

Reason for exemption

--

### Companies

Please provide your ABN

ABN

--

### Trusts or superannuation funds

Please provide the below information which is applicable to you.

ABN (applicable if you are a trust or a self-managed superannuation fund registered with the Australian Tax Office)

--

TFN

--

Australian Registered Scheme Number (ARSN) (applicable if your trust is registered with ASIC)

--

## 3. SIGNING INSTRUCTIONS

By completing and signing this form, you

- authorise us to act according with the instructions on this form
- acknowledge that the instructions on this form supersede all previous instructions received by us, and
- agree to indemnify us from and against all losses, costs, expenses, claims, actions or proceedings brought against us in connection with following your instructions on this form.

## Who needs to sign this form

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

### Signature of investor 1, director or authorised signatory

--

Please print full name

--

Date (DD/MM/YYYY)

	/		/	
--	---	--	---	--

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

### Signature of investor 2, director/company secretary or authorised signatory

--

Please print full name

--

Date (DD/MM/YYYY)

	/		/	
--	---	--	---	--

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory