

Notification of Tax File Number

Complete this form using **black ink**, CAPITAL LETTERS and mark [x] in the appropriate boxes.

1 Facility Details

Borrower name

Loan account number

2 Tax Information

Security Owner (Full Name)	TFN Exemption Category	Country of tax residence if you are not an Australian resident for tax purposes.

3 Acknowledgement

By signing below, you represent and acknowledge that:

- Collection of tax file numbers (TFNs) or exemption category by the Lender, the Nominee and the Sponsor is authorised, and its use and disclosure are strictly regulated by Australian tax laws and Privacy Act. Quotation of TFN or exemption category is not compulsory but tax may be taken out from certain payments made to you at the highest marginal rate of taxation plus Medicare levy if you do not quote your TFN or claim an exemption. For more information about the use of TFNs you can contact the Australian Taxation Office.
- If you elect to quote your TFN or exemption category, you authorise the Lender, the Nominee and the Sponsor as your agents on your behalf to provide these details to relevant third parties under and in accordance with the terms and conditions for your facility, including in respect of the Secured Portfolio (including to the extent where an eligible Security holding is greater than zero (0) or not previously held as part of the Secured Portfolio). However, nothing in this request obliges the Lender, the Nominee or the Sponsor to quote your TFN or exemption details.
- To ensure the security of TFN information, the Lender adheres to guidelines set down in the Privacy Act 1988 and will immediately destroy details of TFN information after recording. It is the responsibility of the Security Owner to supply TFN, ABN or exemption details to share or managed fund registries.
- You have read and consent to the Privacy Disclosure and Consent in Part C of the Leveraged Equities Terms and Conditions dated 09 November 2023 or later.

4 Execution

Signature of Security Owner

Print full name

Company/Trust: indicate capacity

Director
 Sole Director and Secretary
 Trustee

Date

 / /

Signature of Security Owner

Print full name

Company/Trust: indicate capacity

Second Director
 Company Secretary
 Second Trustee

Date

 / /

Submit this form by:

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001
 Email: customerservice@leveraged.com.au

For any enquiries please contact the Customer Service Team on 1300 307 807