### Vanguard® Wholesale Funds



# Tax file number notification form

Complete this form if you wish to notify us of your Tax File Number (TFN).

If you provide the United States of America (US) as your country of residence, we may request additional information or documentation to identify your US Foreign Account Tax Compliance Act (FATCA) status and may disclose your information to the Australian Taxation Office to comply with our FATCA obligations. For more information about FATCA please see www.vanguard.com.au/FATCA.

If you need other forms, please go to vanguard.com.au/forms

Important: Print in capital letters.

#### Questions?

Call 1300 655 102 (Australia)
Call (+61) 3 8888 3888 (Overseas)

Vanguard Client Services are available from 8am to 6pm Monday to Friday (Melbourne time)

## 1. Investor details (must be completed)

Investor number	Contact phone no./s*							
	( )							
Investor name								

## 2. Tax File Number (TFN) notification or exemption (please select one)

Investor 1	
Investor 1 name	
section. Collection of your TFN is authorised, and its use and d	not claim an exemption, we are required to deduct tax on any
□ I wish to quote my TFN	
□ I wish to quote an ABN	
☐ I do not wish to quote my TFN	
☐ I am exempt from quoting a TFN  (please refer to the ATO website to determine if you are entitled to an exemption)	Reason

<sup>\*</sup>To assist Vanguard in assuring that accurate information about your Tax File Number is given to the Australian Tax Office, it would be helpful if you give your daytime telephone number in case we need to contact you about this form. The telephone number you quote on this form will only be used by Vanguard for this purpose.

	Investor 2												
	Investor 2 name												
	You may choose to quote your ABN,TFN or claim an exemption in relation to your investment in the fund by completing th section. Collection of your TFN is authorised, and its use and disclosure are strictly regulated by tax laws and the Privacy Ac Quotation is not compulsory but if you choose not to, and do not claim an exemption, we are required to deduct tax on an income distribution at the prescribed rate (at the date of this Form this was the highest marginal tax rate plus Medicare levy).											Act any	
	☐ I wish to quote my TFN	>											
	☐ I wish to quote an ABN	>											
	☐ I do not wish to quote my TFN												
	☐ I am exempt from quoting a TFN	>	Reason										
	(please refer to the ATO website to determine if you are entitled to an exemption)												
your perso	is committed to respecting the privacy of your ponal information, please view our Privacy Policy  atures (must be completed)  This form must be signed by the authorised	at www.vanguard	com.au/priv ard has on f	vacy. file fo	or you	ur acc	coun	t.				·	
	Each signatory below confirms that they ha and that the signing authorities specified be					appl	icatio	on on	beha	alf o	√f the	e applican	t/s
	Authorised signatory 1 Signature		norised sig	nato	ry 2								
	Name	Nam	e									-	
	Date	Date											
	Position (please select one)	Posi	ion (please sele	lect on	e)								
	☐ Investor ☐ Director ☐ Trustee		nvestor	$\Box$ D	irecto	or	ПТ	ruste	е				
	☐ Other		Other										
Retur	ning this form  You can return this form by fax or post. To avous. Valid instructions received by the cut-off the												
	Post	Fax											
	Vanguard Wholesale Funds GPO Box 3006 Melbourne, VIC 3001		712 (Austr	/	rseas	s)							-