

Annexure 'A' to Westpac Institutional Bank Notice of Authority –Commonwealth Government Amendments to the Organisation's Persons Authorised

Before this form is completed, please read the section titled 'Privacy Statement' mentioned below. Consisting of page(s) (insert number of pages if more than one form is required) Date Customer name **Annexure Details of Persons Authorised** I, the person authorised below, agree to the Privacy Statement starting on page 2 of the 'Westpac Institutional Bank Notice of Authority - Commonwealth Government Amendments to the Organisation's Persons Authorised'. The persons authorised, by signing this form, confirm and agree that: • they must be fully identified by Westpac (and not by a Verifying Officer) for the purposes of this authority before acting under the authorisation and that Westpac may decide to accept or decline an authorisation for reasons associated with its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (the AML law) without being required to give reasons; and they are aware that it is an offence under the AML law to knowingly provide false or misleading information or knowingly produce a false or misleading document and that penalties for that offence can include imprisonment for up to 10 years. Given name Middle name (if applicable) Surname Add Residential address 8 Digit Customer No. (if applicable) Is the signatory known by any other name(s)? Date of Birth Specimen signature \square Yes \square No \triangleright 'YES', provide name(s) Office held WBC IDV. (Bank Use) Please sign within the box Middle name (if applicable) Surname Given name Add Residential address 8 Digit Customer No. (if applicable) Date of Birth Is the signatory known by any other name(s)? Specimen signature \square Yes \square No \triangleright 'YES', provide name(s) Office held WBC IDV. (Bank Use) Please sign within the box Given name Middle name (if applicable) Surname Delete Residential address 8 Digit Customer No. (if applicable) Date of Birth Specimen signature Is the signatory known by any other name(s)? \square Yes \square No \triangleright 'YES', provide name(s) Office held WBC IDV. (Bank Use)

Please sign within the box

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An	nexure D	etails of Persons	Authorised (cor	ntinued)				
		Given name		Middle name (if applicable)		Surname	Surname	
elete		Residential address				8 Digit Customer No. (if applicable		
		Date of Birth		Is the signatory known by any other name(s)? ☐ Yes ☐ No ➤ 'YES', provide name(s)		Specimen signature		
	Office held WBC IDV. (Ban		Use)					
					P	lease sign within the box		

IMPORTANT: Ensure that if there is a requirement to use this Annexure, that it is attached to the Notice of Authority when it is returned to the Bank.

Privacy Statement (for individuals whose personal information may be collected – in this clause referred to as "you")

All personal information and credit-related information (if applicable) we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at westpac.com.au/privacy/privacy-statement or by calling us through your relationship manager or Westpac representative. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information (if applicable) but, if you don't, we may not be able to process an application or a request for a product or service.

Where individuals engage with us in relation to products and services for our business, corporate or institutional customers (for example, as representative, administrator, director, corporate officer, signatory, beneficiary or shareholder of one of our customers) our Privacy Statement will be relevant to those individuals where we collect and handle their personal information. For example, where we collect their personal information to verify their identity or collect their signature as a signatory on a corporate account.