Trust

| SCHMIDLI FAMILY | |
|--|---|
| Full name of the trust | SCHMIDLI FAMILY |
| Australian Business Number (ABN) | 13025486317 |
| Tax File Number (TFN) | Provided |
| | Note: Provision of a TFN or ABN is not compulsory, however, if you do not quote your TFN (including both TFNs for joint accounts) or ABN or claim an exemption, tax may be deducted from the interest paid to you at the highest marginal tax rate plus Medicare Levy. Declining to quote a TFN is not an offence. |
| ABN/TFN exemption | No |
| Foreign entity for tax purposes | No |
| Country where trust was established | AUSTRALIA |
| Type of trust | Other Trust Type (eg. Family, Unit) |
| Trust description | Family |
| Do the terms of the Trust Deed identify beneficiaries by reference to membership of a class? | |
| Nature of the trust activity | Investment |
| Tax information | |
| Please select the most appropriate category | Other |
| Are any of the Trust's Beneficial Owners or Controlling Persons tax residents of countries other than Australia? | No |

Is the Trust a tax resident of a country other than No Australia?

Settlor of the trust

| Settlor of the trust | |
|----------------------|--|
| No | |
| Individual | |
| | |
| Michael | |
| Graeme | |
| Bannon | |
| Yes | |
| / No | |
| | |

Settlor 1

| Mr Michael Graeme Bannon | |
|---|---------------|
| Title | Mr |
| First name (no abbreviations) | Michael |
| Middle name | Graeme |
| Surname | Bannon |
| Are you an Australian resident for tax purposes? | Yes |
| Are you a resident of another country for tax purposes? | No |
| Residential address | |
| Street number | 40 |
| Street name | McHugh Street |
| Suburb | EVATT |
| State | ACT |
| Postcode | 2617 |
| Country | AUSTRALIA |

Account Number: 970112942



Company

| company | |
|-------------------------------------|------------------------------------|
| ROBERT S SCHMIDLI PTY LIMITED | |
| Full name of company | ROBERT S SCHMIDLI PTY LIMITED |
| Company type | Proprietary |
| Australian Company Number (ACN) | 092948617 |
| Australian Business Number (ABN) | 16092948617 |
| Nature of the business activity | Administration |
| Registered office address | |
| Street number and name | SUITE 1 91 FREDERICK STREET |
| Suburb | MEREWETHER |
| State | NSW |
| Post code | 2291 |
| Country | AUSTRALIA |
| Principal place of business address | |
| Street number and name | SUITE 26 JOHN JAMES MEDICAL CENTRE |
| | 175 STRICKLAND CRESCENT |
| Suburb | DEAKIN |
| State | ACT |
| Post code | 2600 |
| Country | AUSTRALIA |
| Company authorisation details | |
| Company officer 1 | |
| Company officer name | Mr ROBERT SCOTT SCHMIDLI |
| Authorised signatory on the account | Yes |
| Role in Company | Sole Director |
| | |

Company officer 1

| - - | |
|----------------------------------|--|
| Mr ROBERT SCOTT SCHMIDLI | |
| Title | Mr |
| First name (no abbreviations) | ROBERT |
| Middle name | SCOTT |
| Surname | SCHMIDLI |
| Any other name known by | No |
| Date of birth | 07/09/1958 |
| Occupation type | Professionals |
| Occupation category | Doctor, Veterinarian, Health Professionals |
| Residential address | |
| Street number | 27 |
| Street name | CUSTANCE Street |
| Suburb | FARRER |
| State | ACT |
| Postcode | 2607 |
| | AUSTRALIA |
| Postal address | |
| Street number and name or PO Box | PO Box 172 |
| Suburb | DEAKIN WEST |
| State | ACT |
| Postcode | 2600 |
| Country | AUSTRALIA |
| | |



Contact details

Mobile phone 0413614456

Email address robert@schmidli.com.au

Additional details

Are you an existing client? Yes

Macquarie ID/Access Code 29273588

Company beneficial owners

Beneficial owners

Are there any beneficial owners who own 25% or more Yes of the company?

Beneficial owner name Mr ROBERT SCOTT SCHMIDLI

Company beneficial owner 1

| Mr ROBERT SCOTT SCHMIDLI | | |
|--------------------------|-------------------------------|--|
| | First name (no abbreviations) | ROBERT |
| | Middle name | SCOTT |
| | Surname | SCHMIDLI |
| | Date of birth | 07/09/1958 |
| | Occupation type | Professionals |
| | Occupation category | Doctor, Veterinarian, Health Professionals |
| Residential address | | |
| | Street number | 27 |
| | Street name | CUSTANCE Street |
| | Suburb | FARRER |
| | State | ACT |
| | Postcode | 2607 |
| | Country | AUSTRALIA |
| Contact details | | |
| | Mobile phone | 0413614456 |
| | Email address | robert@schmidli.com.au |
| | | |

Trust beneficial owners

Beneficial owners

Beneficial owner name Mr ROBERT SCOTT SCHMIDLI

Trust beneficial owner 1

| | First name (no abbreviations) | ROBERT |
|---------------------|--|--|
| | Middle name | SCOTT |
| | Surname | SCHMIDLI |
| | Date of birth | 07/09/1958 |
| | Occupation type | Professionals |
| | Occupation category | Doctor, Veterinarian, Health Professionals |
| | Role in entity | Sole Director |
| | - | |
| Residential address | - | |
| Residential address | Street number | |
| Residential address | Street number | |
| Residential address | Street number Street name | 27 |
| Residential address | Street number Street name | 27 CUSTANCE Street FARRER |
| Residential address | Street number Street name Suburb | 27 CUSTANCE Street FARRER ACT |

Macquarie Cash Management Account

Macquarie Bank Limited ABN 46 008 583 AFSL No. 237502

Country AUSTRALIA

Contact details

Mobile phone 0413614456

Email address robert@schmidli.com.au

Trust beneficiaries

Trust beneficiaries

| Trust beneficiary name | Mr ROBERT SCOTT SCHMIDLI |
|--|--------------------------|
| Individual a tax resident of another Country | No |
| Trust beneficiary name | CATHERINE MARY SCHMIDLI |
| Individual a tax resident of another Country | No |
| Trust beneficiary name | RICHARD HENRY SCHMIDLI |
| Individual a tax resident of another Country | No |
| Trust beneficiary name | PETER CHARLES SCHMIDLI |
| Individual a tax resident of another Country | No |

Macquarie Cash Management Account details

| lominated bank account | |
|--|---|
| Nominate a bank account for fund transfers | No |
| Recurring payments | |
| Set up a recurring payment from your Macquarie CMA | No |
| Account services | |
| Statement delivery | You can view and print your statements online |
| Deposit book | No |
| Additional details | |
| Source of funds for this account | Investments and Dividends |
| Purpose of this account | Investment / Growth |

Mailing address

Mailing address

| ROBERT SCHMIDLI |
|-----------------|
| BOX 172 |
| AKIN WEST |
| Г |
| 0 |
| STRALIA |
| |

Authorities on the account

Primary financial services professional

The primary financial services professional nominated below will receive enquiry access on this account and we will attempt to contact them in the first instance if any account follow up is required.

| First name | Stephen |
|---------------------|--------------------------------|
| Surname | Ballinger |
| Company name | Ballinger's Financial Planning |
| Company code | 8941 |
| Representative code | BFPNC |
| | |

Third party authority 1

This authority will provide enquiry and/or transacting authority to additional financial services professionals or companies on your Macquarie CMA. For more information on levels of authority, please refer to the Product Information Statement.

Type of third party Financial services company Company name Australian Investment Exchange Ltd

Company code (if known) D642

Level of authority Enquiry Authority



Third party authority 2

Type of third party Financial services company Company name Ballinger's Financial Planning

Company code (if known) 8941

Level of authority Fee Authority only

Limited third party authority

Term Deposit opening authority No

Macquarie Signature Verification

Macquarie Bank Limited ABN 46 008 583 542 AFSL 237 502



Return this form to

 Fax:
 1800 550 140
 Client services email:
 transact@macquarie.com

 Mail:
 GP0 Box 2520 SYDNEY NSW 2001
 Financial services professional email:
 adviser@macquarie.com

Use this form to provide Macquarie with the account holder(s) signature.

Once we have a copy of the account holder(s) signature, they can make changes to the account or instruct Macquarie on services relating to the account.

Macquarie account number or application reference number

970112942



Attach a copy of the account holder(s) driver's licence or passport.

*Please note, the identification does not need to be certified.

Need help?

For more information, contact us at:

Clients

@ transact@macquarie.com1800 806 310



Financial services professionals
adviser@macquarie.com

1800 808 508