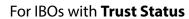
Form 3





4.5.4.11		
1. Details		
This document has been provided by AC	N for the purpose of documenting the de	tails of all trustees and beneficiaries of:
Name of Trust (print here)		
ACN Business ID (print here)	ABN (print here)
Address		
2. Trustees (including Directors and Sha	reholders of the Corporate Trustee)	
As a trustee or a shareholder/director of the this form is true and correct and that I agree		oove, I certify that the information provided on
I also understand that any activity that I und and the ACN IBO Agreement.	ertake as an IBO must be performed in acco	ordance with ACN's Policies and Procedures
By signing the form, I confirm that I have rea and that I agree to comply with these condit		O Agreement and the Policies and Procedures,
Please provide the requested information corporate trustee) and beneficiaries of the		ding directors and shareholders of a
Trustees		
Individual Trustee / Shareholder / Dir	ector of Corporate Trustee (circle whice	:hever one or more are applicable)
Name	Date of Birth (DD/MM/YYYY)	Title (Trustee, Director or Shareholder)
Signature	//	Signature of Witness
Individual Trustee / Shareholder / Dir	ector of Corporate Trustee (circle which	• •
Name	Date of Birth (DD/MM/YYYY)	Title (Trustee, Director or Shareholder)
X		X
Signature -	Date (DD/MM/YYYY)	Signature of Witness
Individual Trustee / Shareholder / Dir	ector of Corporate Trustee (circle whic	:hever one or more are applicable)
Name	/	Title (Trustee, Director or Shareholder)
X		X
Signature	Date (DD/MM/YYYY)	Signature of Witness
Beneficiaries		
Name	Date of Birth (DD/MM/YYYY)	
X	1 1	X
Signature	Date (DD/MM/YYYY)	Signature of Witness
Name	Date of Birth (DD/MM/YYYY)	V
Signature	///	Signature of Witness
	Sac (SS) mini 1111)	gaca.c 553
Name	Date of Birth (DD/MM/YYYY)	
X		X
Signature	Date (DD/MM/YYYY)	Signature of Witness

Alternatively, you can post the document to: ACN Pacific Pty Ltd, G2 19-23 Hollywood Ave, Bondi Junction, NSW 2022