

Identification Form - Unregulated Australian Trusts & Foreign Trusts

INSTRUCTIONS

- This form is for all Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, should complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.
- Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- Provide details for ALL Trustees (Section.1.4) and provide a separate Customer ID Form for ONE of the Trustees, page 6.
- Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners, page 6.
- Tax information must be collected from an authorised representative of the Trust.
- Black or blue pen please.
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on +61 2 7201 9015

ISSUER DETAILS

1. Issuer/Fund Name:
2. Security Code:
3. HIN/SRN/Investor Number:

SECTION 1: TRUST IDENTIFICATION PROCEDURE

Section 1.1: General Information

Full name of Trust

Country where trust established
(only required if not Australia)

Full business name of trustee in respect of the trust (if any)

Full Name of Settlor/s*

* The person/s who settles the initial sum or assets to create the Trust.

Section 1.2: Type of Regulated Trust

Select one of the following type of Regulated Trust

Family Trust

Charitable Trust

Testamentary Trust

Other type: provide description

Self-managed superannuation funds, registered managed investment schemes, government superannuation funds or other regulated Trust should complete the AUSTRALIAN REGULATED TRUSTS & TRUSTEES IDENTIFICATION FORM, rather than this form.

1.3 Beneficiaries Details

Provide the names (1.3.1) and/or class/es (1.3.2) of the Trust's beneficiaries. Both the names and classes of beneficiaries must be provided (if the Trust has both named and class/es of beneficiaries).

1.3.1 Named Beneficiaries

Full given name(s)

Surname

- 1.
- 2.
- 3.
- 4.

1.3.2 Class/es of beneficiaries (e.g. unit holders, family members of named person, charitable organisations/causes)

If there are more beneficiaries, provide details on a separate sheet and tick this box

SECTION 1: TRUST IDENTIFICATION PROCEDURE (CONTINUED)

1.4 Trustee Details

Provide the name & residential/business addresses of ALL of the Trustees below.

Complete a separate Customer ID Form for ONE of these Trustees*.

Trustee 1		Trustee 2		Trustee 3	
Full given name(s)/ Company name		Full given name(s)/ Company name		Full given name(s)/ Company name	
Surname		Surname		Surname	
Residential/ Business Address (PO Box is NOT acceptable)		Residential/ Business Address (PO Box is NOT acceptable)		Residential/ Business Address (PO Box is NOT acceptable)	
Suburb	State	Suburb	State	Suburb	State
Country	Postcode	Country	Postcode	Country	Postcode

If there are more Trustees, provide details on a separate sheet and tick this box

* A Customer ID form should be completed for ONE of the Trustees based on the nature of this Trustee. For example, an INDIVIDUAL ID FORM should be completed for a Trustee who is an individual or an AUSTRALIAN COMPANY ID FORM for a Trustee that is an Australian Company.

1.5 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

* Includes control by acting as Trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).

Full given name(s)	Surname	Role (such as Trustee or Appointer)
--------------------	---------	-------------------------------------

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provide details on a separate sheet and tick this box

SECTION 2: TAX INFORMATION (CONTINUED)

2.3 Country of Tax Residency

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

If Yes, please provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Trust has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE

Trust Verification procedure

Information to be verified: Full name of the Trust and Settlor/s name

Verification options (select the following option used to verify the Trust)

An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed*.
Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- Ensure that a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND
- Ensure that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND
- Either attach a legible certified copy of the documentation used to verify the Trust (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	Document 1		Document 2 (if required)	
	Original	Certified copy	Original	Certified copy
Verified From				
Document Issuer				
Issue Date				
Expiry Date				
Document Number				
Accredited English Translation	N/A	Sighted	N/A	Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Customer ID Forms have been provided for the Association's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date Verification Completed

Identification Form - Individuals

INSTRUCTIONS

- Complete one form for each individual.
- Tax information must be collected from the individual
- Contact your licensee if you have any queries.
- Black or blue pen please
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on +61 2 7201 9015

SECTION 1: PERSONAL DETAILS

Full given name(s) Surname Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country TIN If no TIN, list reason A, B or C

2. Country TIN If no TIN, list reason A, B or C

3. Country TIN If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the individual's full name; and EITHER their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your licensee if the individual is unable to provide the required documents.

Part I – Acceptable Primary Photographic Id Documents

Select ONE valid option from this section only

Australian State / Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable Secondary Id Documents – Should Only Be Completed If The Individual Does Not Own A Document From Part I

Select ONE valid option from this section only

Australian birth certificate

Australian citizenship certificate

Pension card issued by Department of Human Services (previously known as Centrelink)

AND ONE valid option from this section

A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address

A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.

A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Select ONE valid option from this section only

Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*

National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

**Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator*

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation)

OR

- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section next and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	Document 1		Document 2 (if required)	
Verified From	Original	Certified copy	Original	Certified copy
Document Issuer				
Issue Date				
Expiry Date				
Document Number				
Accredited English Translation	N/A	Sighted	N/A	Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date Verification Completed