

# Identity Verification Form

Australian Company/Trust/Superannuation Fund/Custodian

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS FORM



## A Investment details

Please provide your existing Fidante investment details.

Existing account name

Existing account number/HIN

Fund Name

## 1 Australian entity type

Please indicate (X) the entity type.

- Company ► Complete sections 2, 4-10.
- Custodian ► Complete sections 2, 5-10.
- Superannuation fund or other regulated trust with individual trustee ► Complete sections 3, 5-10.
- Superannuation fund or other regulated trust with company trustee ► Complete sections 2A, 3A, 3C, 5-10.
- Unregulated trust with individual trustee ► Complete sections 3-10.
- Unregulated trust with company trustee ► Complete sections 2-10.

For the purposes of this form a **regulated trust** will be one of the following:

- Self-managed Superannuation Fund;
- Registered managed investment scheme;
- Unregistered managed investment scheme that has **only** wholesale clients and **does not** make small scale offerings (with reference to section 1012E of the Corporations Act 2001);
- Government Superannuation Fund; or
- Other regulated trusts (subject to oversight of an Australian statutory regulator).

For the purposes of this form an **unregulated trust** will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trust, charitable trust).

## 2 Australian Company (including company trustee/custodian)

### 2A. Details of Australian company (including company trustee)

Full name of company or company trustee (as registered with ASIC)

Business name (if applicable)

ACN

ABN

TFN

Tax exemption

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

If you are an overseas investor, please indicate your country of residence for tax purposes.

### Principal place of business (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

## 2 Australian Company (including company trustee/custodian) (continued)

### 2A. Details of Australian company (including company trustee) (continued)

#### Registered address (cannot be a PO Box)

Cross this box if registered address is same as principal place of business (above)

Street name and number

Suburb  State  Postcode

Country

**Company type** – complete questions 1 and 2 below.

1. Select (X) whether the company is a proprietary or public company.

- Proprietary** (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company).
- Public** (company whose name does NOT include the word Pty or proprietary).

**For proprietary companies provide names of all directors**

Director 1

Director 2

Director 3

Director 4

If there are additional directors, please (X) this box and provide their full names on a separate piece of paper and attach it to this form.

2. Select (X) the applicable category of company and provide details if requested:

Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL)).

Name of regulator

License details (e.g. 7920, 033)

If the company is investing as a company in **its own right** ► proceed to **section 5**.  
If the company is acting as a trustee of a **regulated trust** ► proceed to **section 3**.  
If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 2B**.  
If the company is acting as a custodian ► proceed to **section 2D**.

A listed company (e.g. ASX)

If the company is investing as a company in **its own right** ► proceed to **section 5**.  
If the company is acting as a trustee of a **regulated trust** ► proceed to **section 3**.  
If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 2B**.

A majority owned subsidiary of an Australian listed company

Name of listed company

If the company is investing as a company in **its own right** ► proceed to **section 5**.  
If the company is acting as a trustee of a **regulated trust** ► proceed to **section 3**.  
If the company is acting as a trustee of an **unregulated trust** ► proceed to **section 2B**.  
If the company is acting as a custodian ► proceed to **section 2D**.

Subsidiary of a company licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to a supervision beyond that provide by ASIC as a company registration body.

Name of the parent company

Name of the regulator

► Proceed to **section 2B**

None of the above ► Proceed to **section 2B**.

## 2 Australian Company (including company trustee/custodian) (continued)

### 2B. Substantial Shareholder details You do not need to complete if the company is a trustee of a regulated trust.

Substantial Shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued share capital. Ultimate ownership includes an individual's aggregated holdings through a chain of company ownership.

Does the company have any substantial shareholders?

Yes ► Please provide details below.

No ► Proceed to section 2C.

#### Substantial shareholder 1

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb  State  Postcode

Country

#### Substantial shareholder 2

Surname

Full given name(s)

Date of birth

Residential address (cannot be a PO Box)

Street name and number

Suburb  State  Postcode

Country

If there are additional substantial shareholders, please (X) this box and provide their full details on a separate piece of paper and attach it to this form.

## 2 Australian Company (including company trustee/custodian) (continued)

### 2C. Directors authorising investment – You do not need to complete if the company is a trustee of a regulated trust.

Individuals below will be the signatories signing in section 9.

#### Sole or Primary Director

Cross this box if same as 'Substantial shareholder 1' in section 4B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)  Date of birth  /  /

#### Residential address (cannot be a PO Box)

Street name and number

Suburb  State  Postcode

Country

#### Second Director or Secretary

Cross this box if same as 'Substantial shareholder 2' in section 2B. If different, please complete below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)  Date of birth  /  /

#### Residential address (cannot be a PO Box)

Street name and number

Suburb  State  Postcode

Country

### 2D. Custodian – Only complete this section if you are a company acting as a custodian for this investment. All other companies should complete all relevant parts of section 2 before continuing to section 3.

Full name (if any) of trust / custodial arrangement

Country of establishment

Full business name

Type of trust

**Please confirm (X) the following information:** In completing this section, I acknowledge that the company is acting as a custodian for this investment and the following information is correct;

- The company is providing a custodial or depository designated service as described in the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ('AML/CTF Act')
- The company holds either an AFSL allowing it to provide custodial or depository services or is exempt from holding such an AFSL;
- The company is enrolled on the AUSTRAC Reporting Entities Roll; and
- The company has satisfied all applicable customer identification and ongoing customer due diligence obligations, in accordance with the AML/CTF Act, on the underlying customer(s).

These statements are correct – proceed to section 5

These statements are not correct – You must complete sections 2A, 2B and 2C before proceeding to section 3.

## 3 Superannuation Fund and other Trusts

### 3A. Details of Superannuation fund or other trust

Full name of trust/  
superannuation fund

Country of establishment

TFN  Tax exemption

ABN

If you choose not to provide your TFN, ABN or specific exemption, then tax will be deducted from your distributions at the highest marginal tax rate (plus the Medicare levy, and any other levies we are required to deduct from time to time).

#### Postal address

C/- (if applicable)

Street name and number

Suburb  State  Postcode

Country

#### Please select (X) type of trust and provide information requested:

Self-Managed Superannuation Fund  
Provide the SMSF's ABN   
▶ Proceed to **section 3C**.

Registered managed investment scheme  
Provide Australian Registered Scheme Number (ARSN).   
▶ Proceed to **section 3C**.

Unregistered managed investment scheme that has **only** wholesale clients and **does not** make small scale offerings  
(with reference to section 1012E of the Corporations Act 2001 (Cth)).  
▶ Proceed to **section 3C**.

Government superannuation fund  
Provide name of the legislation establishing the fund.   
▶ Proceed to **section 3C**.

Other regulated Trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund).

Provide name of the regulator (e.g. ASIC, APRA, ATO).

Provide the Trust's ABN or registration/licensing details.

▶ Proceed to **section 3C**.

Unregulated Trust (e.g. family trust, discretionary trust, charitable trust).

Please confirm type of trust.

Name of trust settlor (the individual who contributed the initial funding on trust establishment).

▶ Proceed to **section 3B**.

### 3 Superannuation Fund and other Trusts (continued)

#### 3B. Trust beneficiary details (this section is only required for unregulated trusts)

Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where a trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Does the Trust Deed specify any substantial trust beneficiaries?

Yes ► Please provide details below, then proceed to 'Other beneficiaries' below.

No ► Proceed to 'Other beneficiaries' below.

##### Substantial trust beneficiary 1

Surname	<input type="text"/>		
Full given name(s)	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address (cannot be a PO Box)			
Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

##### Substantial trust beneficiary 2

Surname	<input type="text"/>		
Full given name(s)	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address (cannot be a PO Box)			
Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

##### Substantial trust beneficiary 3

Surname	<input type="text"/>		
Full given name(s)	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address (cannot be a PO Box)			
Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

##### Substantial trust beneficiary 4

Surname	<input type="text"/>		
Full given name(s)	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address (cannot be a PO Box)			
Street name and number	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Country	<input type="text"/>		

### 3 Superannuation Fund and other Trusts (continued)

#### Other beneficiaries

Are there any other beneficiaries?

- Yes ► If there are other beneficiaries, please (X) this box and provide their full names on a separate piece of paper and attach it to this form. Then proceed to 'Beneficiary classes' below.
- No ► Please proceed to 'Beneficiary classes' below.

#### Beneficiary classes

Does the trust deed refer to beneficiaries in relation to membership of a class?

- Yes ► Please list each class below.

Class 1

Class 2

- If there are other beneficiary classes, please (X) this box and provide them on a separate piece of paper and attach it to this form.

- No ► Please proceed to 3C.

### 3C. Details of Trustee(s)

Please indicate (X) the trustee type:

- Individual Trustee(s) ► Please complete below.
- Company Trustee ► Please ensure you have completed section 2. Then proceed to section 4.

Complete the below sections for the indicated individual. Please note that all fields are mandatory.

#### Individual Trustee 1 (primary trustee)

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

 /  / 

#### Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

#### Individual Trustee 2 If the trust is unregulated, please provide details of second trustee below.

Surname

Full given name(s)

Title (Mr/Mrs/Miss/Ms)

Date of birth

 /  / 

#### Residential address (cannot be a PO Box)

Street name and number

Suburb

State

Postcode

Country

For unregulated trusts, are there other individual trustees?

- Yes ► If there are other individual trustees, please (X) this box and provide their details (as shown above) on a separate piece of paper and attach it to this form. Then proceed to section 4.
- No ► Proceed to section 4.

## 4 Other individuals controlling the entity

Only complete this section if you were required to complete sections 2B and 2C (as a company or company trustee) or sections 3B and 3C (as an unregulated trust).

Are there any individuals exercising control over your entity other than those already listed in sections 2B, 2C, 3B or 3C of this form?

If your entity is a Trust with Company Trustee, consider both the Trust and the Company Trustee when answering this question.

Yes ► Please provide their details below.

No ► Proceed to section 5.

### Individual 1

Capacity / Role

Surname

Full given name(s)

Title

Date of birth

 /  / 

Residential address  
(cannot be PO Box)



### Individual 2

Capacity / Role

Surname

Full given name(s)

Title

Date of birth

 /  / 

Residential address  
(cannot be PO Box)



If there are more individuals controlling the entity, please select (X) this box and provide their roles, full names, dates of birth and residential addresses on a separate piece of paper.

## 5 Source of funds

Please indicate (X) the source of funds being invested.

Income from business operations

Investment income

Member contributions

Sale of assets (e.g. shares, property)

Borrowed funds

Charitable donations

## 6 Additional information

Complete this section if any of the below conditions apply to your entity:

- Any of the individuals listed on this form have their residential address or tax residency outside Australia or New Zealand; or
- Entity is investing \$1m or more; or
- Entity is a charity, aid organisation, foundation or a not-for-profit organisation.

Purpose or activities of the entity

Date of formation

 /  / 

Select primary source of the overall wealth of the entity

Investment income  Business income  Member contributions

Sale of assets (e.g. shares, property)  Borrowed funds  Charitable donations

Select primary source of the overall wealth of all individuals listed in this application form. You may select multiple options that apply.

Income from employment - regular and/or bonus  Investment income (e.g. rent, dividends, pension)

Business income  One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)

Sale of assets (e.g. shares, property)  Windfall (e.g. gift, lottery winnings)  Borrowed funds

Government benefits (e.g. family tax benefits)

Is your entity a charity, aid organisation, foundation or a not-for-profit organisation?

Yes ► Does it provide financial or other support to recipients overseas?

Yes ► Please list destination countries

No

No

## 7 Global Tax Reporting Requirements (CRS/FATCA)

Information about investors that are foreign tax residents must be reported to the Australian Taxation Office (ATO) in accordance with international tax reporting standards and laws to which Australia is subject. These include the OECD Common Reporting Standard (CRS) and United States Foreign Account Tax Compliance Act (FATCA). If you require further information on Australia's obligations under CRS or FATCA, please visit the ATO website [www.ato.gov.au](http://www.ato.gov.au).

You do not need to complete this section if you are an Australian Superannuation Fund.

### 7A. Entity Type

Select the appropriate entity type from one of the 4 options below and provide requested information.

1.  **A Financial Institution** (A custodial or depository institution, an investment entity or specified insurance company for FATCA/CRS purposes)

Provide the entity's Global Intermediary Identification Number (GIIN), if applicable

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status (select one)

- Deemed Compliant Financial Institution  
 Excepted Financial Institution  
 Exempt Beneficial Owner  
 Non Reporting IGA Financial Institution

(If the Entity is a Trustee- Documented trust, provide the Trustee's GIIN)

- Non participating Financial Institution  
 US Financial Institution  
 Other (Describe the Company's FATCA status in the box provided)

Please answer the question below for all Financial Institutions

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- Yes ► Please proceed to **section 7B** (Foreign Controlling Persons).  
 No ► Proceed to **section 8**.

2.  Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, an Australian Registered Charity or Deceased Estate.

Proceed to **section 8**.

3.  A Foreign Charity or an Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income.

For other types of Active NFEs, refer to **section VIII** in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).)

If the entity is a Foreign Charity or an Active NFE, please proceed to **section 7C** (Country of Tax Residency).

4.  Other (Entities that are not previously listed - Passive Non-Financial Entities)

Please proceed to **section 14B** (Foreign Controlling Persons).

## 7 Global Tax Reporting Requirements (CRS/FATCA) (continued)

### 7B. Foreign Controlling Persons

Tax Residency rules differ by country. Whether an individual is a 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.

Are any of the individuals listed in the application form (as directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

- Yes** ▶ Please provide each individual's full name, date of birth, residential address, country of tax residence and tax identification number (TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.
- No** ▶ Proceed to 7C.

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.

#### Individual 1

Full name	<input type="text"/>	Date of birth	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Residential address	<input type="text"/>				
Country 1	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 2	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 3	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

#### Individual 2

Full name	<input type="text"/>	Date of birth	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Residential address	<input type="text"/>				
Country 1	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 2	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 3	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

#### Individual 3

Full name	<input type="text"/>	Date of birth	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text" value="/"/>
Residential address	<input type="text"/>				
Country 1	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 2	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
Country 3	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

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

**Reason B** – I have not been issued with a TIN.

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

## 7 Global Tax Reporting Requirements (CRS/FATCA) (continued)

### 7C. Country of tax residency for entity

Is the entity a tax resident of a country other than Australia?

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

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>
4. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C <input type="checkbox"/>

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

**Reason B** - I have not been issued with a TIN.

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

No

## 8 Customer identity verification

If you do not have an existing investment with Fidante, you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

### 8A. Individuals associated with the company or trust

#### Individuals

- Primary Individual Trustee 1 of unregulated trust if you completed **section 3C**.
- Second Individual Trustee 2 of unregulated trust if you completed **section 3C** and are signing this application form.
- Each substantial trust beneficiary of the unregulated trust if you completed **section 3B**.
- Each substantial shareholder (of company or company trustee) if you completed **section 2B**.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed **section 2C**.
- Any other controlling individuals listed in **section 4**.

#### Please provide either A or B.

A. A valid copy of one of the following documents:

- Australian driver's licence containing your photograph; or
- Australian passport containing your photograph and signature; or
- A card issued under an Australian State or Territory law containing your photograph and proof of age.

B. If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below:

#### Group 1

A copy of one of the following documents:

- Australian birth certificate or birth extract; or
- Australian citizenship certificate; or
- Pension or Health care card issued by Centrelink or Department of Veterans' Affairs.

#### Group 2

(The document must contain your full name and current residential address as provided in sections 2-4 of the application form)

A copy of one of the following documents issued to you:

- a notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.:
  - council rates notice
  - electricity bill
  - gas bill
  - water rates notice
  - telephone bill
  - internet services bill
- a letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.:
  - pension statement
  - rent assistance statement
  - mobility allowance statement
  - utilities allowance statement
- a letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.:
  - notice of assessment
  - payment reminder

If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

- foreign passport, or similar travel document bearing your signature and photograph;
- national identity card issued by a foreign government that contains your photograph, and either your signature or your unique identifier; or
- foreign driver's license that contains your photograph.

#### Please note:

- documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

## 8 Customer identity verification (continued)

### 8B. Company (including corporate trustees)

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following (A or B):	Please cross (X) which document(s) you have provided:
<b>A.</b> whether the company is: <ul style="list-style-type: none"> <li>• listed; or</li> <li>• a majority owned subsidiary of a listed company; or</li> <li>• regulated.</li> </ul>	<input type="checkbox"/> up-to-date extract from the ASX database (if applicable); or <input type="checkbox"/> public document issued by the company; or <input type="checkbox"/> up-to-date extract from the relevant regulator's database (if regulated).
<b>B.</b> if the company is none of these, the: <ul style="list-style-type: none"> <li>• full name of the company; and</li> <li>• whether the company is registered as a proprietary or a public company; and</li> <li>• ACN.</li> </ul>	<input type="checkbox"/> certificate of registration issued by ASIC; or <input type="checkbox"/> up-to-date extract from ASIC database.

### 8C. Trust

Information required to be verified	Verification options
Please ensure the document(s) you provide confirm(s) the following:	Please cross (X) which document(s) you have provided:
<b>Regulated superannuation fund (incl. SMSF) or other regulated trust (incl. SMSF)</b> <ul style="list-style-type: none"> <li>• full name of Superannuation Fund or Trust; and</li> <li>• type of Superannuation Fund or Trust.</li> </ul>	<b>Self Managed Superannuation Funds, registered schemes, other regulated trusts or government superannuation funds</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> up-to-date extract from ATO or APRA (e.g. SMSF or other superannuation fund); or</li> <li><input type="checkbox"/> up-to-date extract from ASIC (e.g. registered scheme); or</li> <li><input type="checkbox"/> up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.</li> </ul>
<b>Unregulated trusts</b> <ul style="list-style-type: none"> <li>• full name of Trust;</li> <li>• name of Trust settlor.</li> </ul>	<b>Unregulated trusts</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).</li> </ul>

### 8D. Custodial arrangement (if the custodian does not satisfy the requirements set out in section 2D, you must complete sections 8A, 8B and 8C as applicable).

You must also complete A in Company verification (see above) with below information.

Information required to be verified	Verification options
<ul style="list-style-type: none"> <li>• Whether company is regulated, listed or a majority owned subsidiary of a listed company;</li> <li>• Existence of the custodial arrangement;</li> <li>• Full name of the custodian; and</li> <li>• ACN.</li> </ul>	(Please cross (X) which document(s) you have provided – <b>you must provide A and either B or C</b> ).
	<input type="checkbox"/> <b>A.</b> Investor guide, PDS or other public document issued by the company confirming the existence of a custodial arrangement; <b>and</b>
	<input type="checkbox"/> <b>B.</b> Up-to-date extract of search of relevant regulator's database (e.g. ASIC database) (if regulated); <b>or</b>
	<input type="checkbox"/> <b>C.</b> Up to date extract from the ASX database (if listed or a majority owned subsidiary of a listed entity).

## 8 Customer identity verification (continued)

### How to certify your documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

#### Sample wording

I, **[full name]**, a **[category of persons listed below]**, certify that this **[name of document]** is a true and correct copy of the original.

**[Signature and date]**

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

### Who can certify documents?

<b>Financial corporations (bank, building society, credit union)</b>	<ul style="list-style-type: none"> <li>Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees</li> </ul>
<b>Post office</b>	<ul style="list-style-type: none"> <li>Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public</li> <li>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> </ul>
<b>JP</b>	<ul style="list-style-type: none"> <li>Justice of the Peace</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)</li> <li>Judge of a court</li> <li>Magistrate</li> <li>Chief executive officer of a Commonwealth court</li> <li>Registrar or deputy registrar of a court</li> <li>Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> </ul>
<b>Police</b>	<ul style="list-style-type: none"> <li>Australian police officer</li> </ul>
<b>Diplomatic service</b>	<ul style="list-style-type: none"> <li>Australian consular officer</li> <li>Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li> </ul>
<b>Accountant</b>	<ul style="list-style-type: none"> <li>Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership</li> </ul>

## 9 Signature(s)

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

### Signature 1

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Primary Trustee (Individual)

### Signature 2

Signature	<input type="text"/>
Date	<input type="text" value="/ /"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Company Secretary <input type="checkbox"/> Secondary Trustee (Individual)

COMPANY SEAL

## 10 Adviser use only

By signing this section, I declare that the attached document(s) are true copies of the document(s) used to satisfy the identity verification requirements and I have complied with my obligations under the Anti-Money and Counter-Terrorism Financing Act 2006.

Adviser number	<input type="text"/>		
Office name	<input type="text"/>		
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	Phone (business hours)	<input type="text"/>
Adviser group	<input type="text"/>		
Adviser group AFSL	<input type="text"/>		
Adviser signature	<input type="text"/>		
Date	<input type="text" value="/ /"/>		
Investment Link information			
IL GN (Group)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/>		