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IDENTIFICATION FORM AUSTRALIAN REGULATED TRUSTS (Including Self-Managed Super Funds)

GUIDE TO COMPLETING THIS FORM

- This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.
- For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM.
- Collect information about the Trust and one Trustee. The identity of the Trust must be verified (not the Trustee).
- Tax information must be collected from an authorised representative of the Trust
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE

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)	
1.0 Time of Demulated Trust	
1.2 Type of Regulated Trust TICK ✓ Select one of the following type of Regulated Trust	
Self-Managed Superannuation Fund	
Provide the SMSF's ABN	
Registered managed investment scheme	
Provide Australian Registered Scheme Number (ARSN)	
Unregistered managed investment scheme (Where the scheme is does not make small scale offerings to which section 1012E of the Corp	0
Provide the unregistered managed investment scheme's ABN	
Government superannuation fund	
Provide name of the legislation establishing the fund	
Other regulated Trust (A trust that is subject to the regulatory oversigl regulator such as an approved deposit fund, a pooled superannuation t	
Provide name of the regulator (e.g. ASIC, APRA, ATO)	
Provide the Trust's ABN or registration/licensing details	

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM, rather than this form.

SECTION 2: TRUSTEE IDENTIFICATION PROCEDURE (Please complete EITHER section 2.1 OR section 2.2)

For Australian Regulated Trusts, identification information is required for one of the Trustees. This information is only required for one Trustee, even if the Trust has a number of Trustees. Please provide identification information for either an individual Trustee (section 2.1) or a corporate Trustee (section 2.2).

Section 2.1: Individual Trustee	(To be completed if the se	lected Trustee is a	n individual)		
Full given name(s)	Surnam	е		Date of Birth (dd/mm/yyyy)	
Residential Address (PO Box is n	ot acceptable)				
Suburb	State	Postcode	Country	Occupation	

SECTION 2: TRUSTEE IDENTIFICATION PROCEDURE (Please complete EITHER section 2.1 or section 2.2)

Section 2.2: Company Trustee (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form)

2.2.1 Company Details

Full name as registered by ASIC	ACN	
Registered Office Address (PO Box is not acce	ptable)	
Street		
Suburb	State Postcode Country	Nature of Business Activity
Principal Place of Business (if any) (PO Box is r	not acceptable)	
Street		
Suburb	State Postcode	Country
2.2.2 Company Type (Select one of the foll	owing company types)	
	NOT include the word Pty or proprietary; generally listed comp	capies) preced to caption 2
	ends with Proprietary Ltd or Pty Ltd; also known as private corr	
2.2.3 Directors (To be completed for proprint Provide the names of all directors.	ietary companies, not required for public companies as per 2.2	2.2).
Full given name(s)	Surname	
1		
2		
3		
4		
If there are more directors, provide details on	a separate sheet and tick this box	

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

SECTION 3: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 3 and can proceed to section 4.

3.1 Tax Status

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

If the T	rust is a Financial Institution but does not have a GIIN, provide its FATCA status (select ✔ ONE of the following statuses)
[Deemed Compliant Financial Institution
	Excepted Financial Institution
1	Exempt Beneficial Owner Non Reporting IGA Financial Institution If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)
1	Nonparticipating Financial Institution
(Other (describe the company's FATCA status in the box provided)
Regu	TION 4: REGULATED TRUST VERIFICATION PROCEDURE Ilated Trust Verification procedure: mation to be verified:
•	Full name of the Trust
•	That the Trust is a Self-Managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable
Tick	 Verification options (select one of the following options used to verify the Trust)
	Perform a search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au)
	A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)
	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website

IMPORTANT NOTE:

- Attach a legible certified copy of the ID documentation used to verify the Trust 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 5: RECORD OF VERIFICATION PROCEDURE BY LICENCEE

ID DOCUMENT DETAILS	Document 1	Document 2
Verified From	Performed search Original Certified copy	Performed search Original Certified copy
Document Issuer / Website		
Document Type / Search Details		
Issue date / Search date		

By completing and signing this Record of Verification Procedure I represent and warrant to Ausbil 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
- the tax information provided is reasonable considering the documentation provided
- I have followed the FSC/FPA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Rules and any other applicable guidelines and laws with respect to the AML/CTF Laws
- I will make available to Ausbil, on request, original verification and identification records obtained by me in respect of the client
- on request, I will provide details of the customer identification procedures adopted by me in relation to the client
- I have kept a record of the clients identification and verification and will retain these in their files for a period of seven years after my relationship with the client has ended
- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so
- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws, and
- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws

AFS Licensee Name	AFSL No.	
Representative/ Employee Name	Phone No.	
Signature	Date Verification Completed	

Client ID Form - Australian Regulated Trusts