

# IDENTIFICATION FORM: AUSTRALIAN REGULATED TRUSTS (Including Self – Managed Super Funds)

## GUIDE TO COMPLETING THIS FORM

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

## SECTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE

### Section 1.1: General Information

Full name of Trust	<input type="text"/>
Country where trust established (only required if not Australia)	<input type="text"/>
Full business name of trustee in respect of the trust (if any)	<input type="text"/>

### Section 1.2: Type of Regulated Trust

Tick ✓	Select one of the following type of Regulated Trust
<input type="checkbox"/>	<b>Self-Managed Superannuation Fund</b> Provide the SMSF's ABN <input type="text"/>
<input type="checkbox"/>	<b>Registered managed investment scheme</b> Provide Australian Registered Scheme Number (ARSN)
<input type="checkbox"/>	<b>Unregistered managed investment scheme</b> (A managed investment scheme that is not registered by ASIC, that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies) Provide the unregistered managed investment scheme's ABN <input type="text"/>
<input type="checkbox"/>	<b>Government superannuation fund</b> Provide name of the legislation establishing the fund <input type="text"/>
<input type="checkbox"/>	<b>Other regulated Trust</b> (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) <input type="text"/> Provide the Trust's ABN or registration/licensing details <input type="text"/>

For other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body, do not use this form but rather complete the **UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM**.

# AUSTRALIAN REGULATED TRUSTS (Including Self – Managed Super Funds)

## 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 selected Trustee is an individual)

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential Address (PO Box is <u>not</u> acceptable)				
Street				
<input type="text"/>				
Suburb	State	Postcode	Country	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OR**

### 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	<input type="text"/>			
NATURE OF Business Activity	<input type="text"/>			
Registered Office Address (PO Box is <u>not</u> acceptable)				
Street				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Principal Place of Business (if any) (PO Box is <u>not</u> acceptable)				
Street				
<input type="text"/>				
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

#### 2.2.2 Company Type (Select one of the following company types)

- Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies), proceed to section 3
- Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to section 2.2.3

#### 2.2.3 Directors (To be completed for proprietary companies, not required for public companies as per 2.2.2)

Provide the names of all directors.

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

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

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## SECTION 3: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT)

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 FATCA Status

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

If the Trust or Trustee 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
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
- Non Participating Financial Institution
- Other (describe the FATCA status in the box provided)

if the Trust is not a US Trust or Financial Institution or its trustee is not a Financial Institution:

Are any of the Trust beneficiaries, trustees, settlors or beneficial owners US citizens or residents of the US for tax purposes Yes  No

If the Trustee is a company, are any of this company's beneficial owners US citizens or residents of the US for tax purposes Yes  No

*Provide the name, address and US Taxpayer Identification Number (TIN) of each beneficiary, trustee, settlor or beneficial owner who is a US citizen or resident of the US for tax purposes. Addresses are only required if they have not already been provided in this form. If there are more the 3 US persons, provide the details of the additional US persons on a separate sheet.*

US Person 1	US Person 2	US Person 3
Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
US TIN <input type="text"/>	US TIN <input type="text"/>	US TIN <input type="text"/>
Residential Address (PO Box is NOT acceptable) <input type="text"/>	Residential Address (PO Box is NOT acceptable) <input type="text"/>	Residential Address (PO Box is NOT acceptable) <input type="text"/>
Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>
Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>

# AUSTRALIAN REGULATED TRUSTS (Including Self – Managed Super Funds)

## SECTION 4: REGULATED TRUST VERIFICATION PROCEDURE

### Regulated Trust Verification procedure:

Information to be verified:

- o Full name of the Trust
- o 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)
<input type="checkbox"/>	Perform a search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au)
<input type="checkbox"/>	A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)
<input type="checkbox"/>	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	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> 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 FATCA 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 application 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	<input type="text"/>	AFSL No.	<input type="text"/>
Representative/ Employee Name	<input type="text"/>	Phone No.	<input type="text"/>
Signature	<input type="text"/>	Date Verification Completed	<input type="text"/>