

**GUIDE TO COMPLETING THIS FORM**

- o Complete the following in **BLOCK LETTERS**:
  - Section 1 (all parts) – all trusts.
- AND select  and complete one of the following sections for **ONLY ONE** of the trustees:
  - Section 2 (applicable parts) – selected trustee is an Individual.
  - Section 3 (applicable parts) – selected trustee is an Australian Company.
  - Section 4 (applicable parts) – selected trustee is a Foreign Company.
- o Only send the **completed sections** of this form with the application form.
- o Contact your licensee if you have any queries.

**SECTION 1A: TRUST DETAILS**

**1.1 General Information**

Full name of trust

Full business name (if any)

Country where trust established

**1.2 Type of Trust** (select  only one of the following trust types and provide the information requested)

**Registered managed investment scheme**  
Provide Australian Registered Scheme Number (ARSN)  **(Go to Section 1B)**

**Regulated trust (e.g. an SMSF)**  
Provide name of the regulator (e.g. ASIC, APRA, ATO)   
Provide the trust's ABN or registration / licensing details  **(Go to Section 1B)**

**Government superannuation fund**  
Provide name of the legislation establishing the fund  **(Go to Section 1B)**

**Other trust type**  
Trust description (e.g. Family, unit, charitable, estate)  **(Complete Section 1.3 and 1.4)**

**1.3 Beneficiary Details** (only complete if "Other trust type" is selected in section 1.2 above)

**Do NOT complete if the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.**

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

**Yes** Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)  **(Go to Section 1.4)**

**No** How many beneficiaries are there?  provide full name of each beneficiary below

|   | Full given name(s)                        | Surname                                   |
|---|---|---|
| 1 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 2 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 3 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 4 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 5 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| 6 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

If there are more beneficiaries, provide details on a separate sheet

**1.4 Trustee Details** (only complete if "Other trust type" is selected in section 1.2 above)**Do NOT complete if the trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund.**How many trustees are there?  provide full name & address of each trustee below**Trustee 1**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **Trustee 2**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **Trustee 3**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **Trustee 4**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **Trustee 5**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **Trustee 6**Full given name(s) or Company name  Surname 

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country 

If there are more trustees, provide details on a separate sheet

**(Go to Section 1B)**

**SECTION 1B: TRUST VERIFICATION PROCEDURE**

For a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund (as selected in 1.2), verify:

- The full name of the trust
- That the trust is a registered managed investment scheme, regulated trust or government superannuation fund, 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 or relevant extract of the legislation establishing the government superannuation fund sourced from a government website. |

If "Other trust type" is selected in section 1.2 above, verify:

- The full name of the trust..

| Tick ✓                   | Verification options (select one of the following options used to verify the Trust)  |
|--------------------------|--|
| <input type="checkbox"/> | A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment). <i>Block out the TFN before scanning, copying or storing this document.</i> |
| <input type="checkbox"/> | A letter from a solicitor or qualified accountant that confirms the name of the trust.   |
| <input type="checkbox"/> | An original or certified copy or certified extract of the trust deed.  |

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

**SECTION 1C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

- ➔ **Attach** a legible copy of the ID documentation used to verify the Trust (and any required translation).
- ➔ **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

| ID DOCUMENT DETAILS            |   |                                   |   |
|--------------------------------|---|-----------------------------------|---|
| Verified From                  | <input type="checkbox"/> Performed search | <input type="checkbox"/> Original | <input type="checkbox"/> Certified Copy |
| Document Issuer / Website      |   |                                   |   |
| Issue date / Search date       |   |                                   |   |
| Accredited English Translation | <input type="checkbox"/> N/A              | <input type="checkbox"/> Sighted  |   |

**SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:**

|                            |  |           |  |
|----------------------------|--|-----------|--|
| Date Verified (dd/mm/yyyy) |  |           |  |
| Financial Planner's Name   |  | Phone No. |  |
| AFS Licensee Name          |  | AFSL No.  |  |

Complete **ONLY ONE** of the following sections, as required, to collect the additional information about the identity of **ONLY ONE** of the trustees:

- **Section 2 (applicable parts) – where the selected trustee is an Individual.**
- **Section 3 (applicable parts) – where the selected trustee is an Australian Company.**
- **Section 4 (applicable parts) – where the selected trustee is a Foreign Company.**

**SECTION 2A: INDIVIDUAL DETAILS (to be completed if 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 NOT acceptable) **Only provide address details if not provided in Section 1.4 above.**


|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Suburb               | State                | Postcode             | Country              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.**

**If 'Other trust type' is selected in Section 1.2 above, complete Sections 2B and 2C below.**

**SECTION 2B: INDIVIDUAL TRUSTEE VERIFICATION PROCEDURE**

If "Other trust type" is selected in Section 1.2 above, verify the Trustee's full name; and EITHER their date of birth OR residential address.

- o Complete Part I (or if the trustee does not own a document from Part I, then complete either Part II or III).

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

|                          |   |
|--------------------------|---|
| <b>Tick ✓</b>            | Select ONE valid option from this section only  |
| <input type="checkbox"/> | Australian State / Territory driver's licence containing a photograph of the person.                                    |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the preceding 2 years is acceptable).                           |
| <input type="checkbox"/> | Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person. |
| <input type="checkbox"/> | 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**

|                          |  |
|--------------------------|--|
| <b>Tick ✓</b>            | Select ONE valid option from this section  |
| <input type="checkbox"/> | Australian birth certificate.  |
| <input type="checkbox"/> | Australian citizenship certificate.  |
| <input type="checkbox"/> | Pension card issued by Centrelink.   |
| <input type="checkbox"/> | Health card issued by Centrelink.  |
| <b>Tick ✓</b>            | <b>AND ONE</b> valid option from this section  |
| <input type="checkbox"/> | 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.  |
| <input type="checkbox"/> | 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. <i>Block out the TFN before scanning, copying or storing this document.</i> |
| <input type="checkbox"/> | 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).  |

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

|                          |  |
|--------------------------|--|
| <b>Tick ✓</b>            | <b>BOTH</b> documents from this section must be presented  |
| <input type="checkbox"/> | Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth.*           |
| <input type="checkbox"/> | 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.

**SECTION 2C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the individual trustee (and any required translation).
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

| ID DOCUMENT DETAILS            | Document 1  | Document 2  |
|--------------------------------|---|---|
| Verified From                  | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy |
| Document Issuer                | <input type="text"/>  | <input type="text"/>  |
| Issue Date                     | <input type="text"/>  | <input type="text"/>  |
| Expiry Date                    | <input type="text"/>  | <input type="text"/>  |
| Document Number                | <input type="text"/>  | <input type="text"/>  |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted             |

**If the selected trustee is an individual, the form is now COMPLETE.**

**SECTION 3A: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)****3.1 General Information**

Full name as registered by ASIC

ACN

**Registered office address** (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Principal place of business** (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**3.2 Regulatory/ Listing Details** (select ✓ the following categories which apply to the trustee company and provide the information requested) **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

 **Australian listed company**

Name of market / exchange

 **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

**3.3 Company Type** (select ✓ only ONE of the following categories) **Public** *If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now **COMPLETE**.  
If 'Other trust type' is selected in Section 1.2 above, complete Sections 3B and 3C below.* **Proprietary** *Continue to Section 3.4***3.4 Directors** (only needs to be completed for proprietary companies)**This section does NOT need to be completed for public and listed companies.**How many directors are there?  provide full name of each director below

|   | 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.***If the company is a regulated company (as selected in Section 3.2 above) AND the trust type selected in Section 1.2 above is:**

- **a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.**
- **'Other Trust Type', complete Sections 3B and 3C below.**

**Otherwise, continue to Section 3.5 below.**

**3.5 Shareholders** (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 3.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

**Shareholder 1**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 2**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Shareholder 3**

Full given name(s)  Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

If the trust type selected in Section 1.2 above, is:

- o a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now **COMPLETE**.
- o 'Other Trust Type', complete Sections 3B and 3C below.

**SECTION 3B: AUSTRALIAN COMPANY TRUSTEE VERIFICATION PROCEDURE***Standard verification procedure*

If "Other trust type" is selected in Section 1.2 above, verify:

- The full name of the trustee company as registered by ASIC
- Whether the trustee company is registered as a proprietary or a public company
- The ACN issued to the trustee company.

| Tick ✓                   | Verification options (select one of the following options used to verify the Company)  |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant ASIC database.  |
| <input type="checkbox"/> | If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC. |

*Alternative verification procedure*

For a company which is an Australian listed company, a majority owned subsidiary of an Australian listed company or is a regulated company (ie licensed by an Australian Commonwealth, State or Territory statutory regulator).

If "Other trust type" is selected in Section 1.2 above, verify:

- That the trustee company is an Australian listed company (if applicable)
- That the trustee company is a majority owned subsidiary of an Australian listed company (if applicable)
- That the trustee company is a regulated company (if applicable).

| Tick ✓                   | Verification options (select one or more of the following options used to verify the Company)                          |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant market/exchange.  |
| <input type="checkbox"/> | Perform a search of the relevant ASIC database.  |
| <input type="checkbox"/> | Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |
| <input type="checkbox"/> | A public document issued by the relevant company.  |

**SECTION 3C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

→ **Attach** a legible copy of the ID documentation used to verify the trustee company.

→ **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

| 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 |   |   |
| Public Document Type      |   |   |
| Issue date / Search date  |   |   |

**If the selected trustee is an Australian company, the form is now COMPLETE.**

**SECTION 4A: FOREIGN COMPANY DETAILS (to be completed if selected trustee is a Foreign Company)****4.1 General Information**Full name of foreign company Country of formation / incorporation / registration  Select  if registered by a foreign body and provide name of body **4.2 Is the foreign company registered with ASIC? (select  ONE of the following)** **Yes** Provide ARBN Provide **EITHER**  principal place of business address in Australia **OR**  local agent name and address details (Tick one box)

Address (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country Name of local agent in Australia  **No** Provide company identification number (if any) issued by the foreign registration body 

Principal place of business in the company's country of formation or incorporation (PO Box is NOT acceptable)

Street Suburb  State  Postcode  Country **4.3 Registered Address of Company****Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).**Street Suburb  State  Postcode  Country **4.4 Regulatory/ Listing Details (select  each of the following categories that apply to the trustee company & provide the information requested)** **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)Regulator name Licence details  **Listed as defined in the IFSA/FPA Guidelines**Name of market / exchange  **Majority-owned subsidiary of an Australian listed company**Australian listed company name Name of market / exchange **4.5 Company Type (select  only ONE of the following categories and provide any information requested)** **Public** *If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, as selected in Section 1.2 above, the form is now **COMPLETE**.  
If 'Other trust type' is selected in Section 1.2 above, complete Sections 4B and 4C below.* **Private/Proprietary** *Go to Section 4.6 below.* **Other** *Go to Section 4.6 below.*

**4.6 Directors** (complete for all companies other than public or listed companies)

How many directors are there?  provide full name of each director below

|   | 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.

**If the company is a regulated company (as selected in Section 4.4 above) AND 'Other Trust Type' is:**

- selected in Section 1.2 above, go to Section 4B.
- not selected in Section 1.2 above, the form is now COMPLETE.

Otherwise, continue to Section 4.7 below.

**4.7 Shareholders** (complete for all companies other than public, listed or regulated companies)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

**Shareholder 1**

| Full given name(s)   | Surname              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Residential address (PO Box is NOT acceptable)

|        |                      |       |                      |          |                      |         |                      |
|--------|----------------------|-------|----------------------|----------|----------------------|---------|----------------------|
| Street | <input type="text"/> |       |                      |          |                      |         |                      |
| Suburb | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |

**Shareholder 2**

| Full given name(s)   | Surname              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Residential address (PO Box is NOT acceptable)

|        |                      |       |                      |          |                      |         |                      |
|--------|----------------------|-------|----------------------|----------|----------------------|---------|----------------------|
| Street | <input type="text"/> |       |                      |          |                      |         |                      |
| Suburb | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |

**Shareholder 3**

| Full given name(s)   | Surname              |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Residential address (PO Box is NOT acceptable)

|        |                      |       |                      |          |                      |         |                      |
|--------|----------------------|-------|----------------------|----------|----------------------|---------|----------------------|
| Street | <input type="text"/> |       |                      |          |                      |         |                      |
| Suburb | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> | Country | <input type="text"/> |

**If 'Other Trust Type' is:**

- selected in Section 1.2 above, go to Section 4B.
- not selected in Section 1.2 above, the form is now COMPLETE.

**SECTION 4B: FOREIGN COMPANY TRUSTEE VERIFICATION PROCEDURE***Standard verification procedure – for Foreign Companies registered with ASIC*

If "Other trust type" is selected in Section 1.2 above, verify:

- The full name of the trustee company as registered by ASIC
- The ARBN issued to the trustee company
- Whether it is registered by a foreign registration body and if so
  - whether it is registered as a private company or a public company.

| Tick ✓                   | Verification options (select one or more of the following options used to verify the Company)  |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant ASIC database.  |
| <input type="checkbox"/> | Perform a search of the relevant foreign registration body.  |
| <input type="checkbox"/> | If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body. |

*Standard verification procedure – for Foreign Companies NOT registered with ASIC*

If "Other trust type" is selected in Section 1.2 above, verify:

- The full name of the trustee company
- Whether it is registered by a foreign registration body and if so
  - whether it is registered as a private or a public company
  - the identification number issued to the trustee company.

| Tick ✓                   | Verification options (select one of the following options used to verify the Company)  |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant foreign registration body.  |
| <input type="checkbox"/> | If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body.  |
| <input type="checkbox"/> | Where the above means are unavailable, a disclosure certificate from the trustee company given by an individual acting as agent of the trustee company (where the agent has been verified). See your licensee for other disclosure certificate requirements. |

*Alternative verification procedure*

For a company which is a listed company, a majority owned subsidiary of an Australian listed company or is a regulated company (ie licensed by an Australian Commonwealth, State or Territory statutory regulator).

If "Other trust type" is selected in Section 1.2 above, verify:

- That the trustee company is a listed company (if applicable)
- That the trustee company is a majority owned subsidiary of an Australian listed company (if applicable)
- That the trustee company is a regulated company (if applicable).

| Tick ✓                   | Verification options (select one of the following options used to verify the Company)                                  |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant financial market.   |
| <input type="checkbox"/> | Perform a search of the relevant ASIC database.  |
| <input type="checkbox"/> | Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |
| <input type="checkbox"/> | A public document issued by the relevant company.  |

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

**SECTION 4C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the trustee company (and any required translation).
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

| 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      |   |   |
| Public Document Type           |   |   |
| Issue date / Search date       |   |   |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted   | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted   |