

GUIDE TO COMPLETING THIS FORM

- o 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.
- o Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- o Provide details for ALL Trustees (Section.1.4) and provide a separate Customer ID Form for ONE of the Trustees.
- o Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: TRUST IDENTIFICATION PROCEDURE

1.1 General Information

Full name of the Trust	<input style="width: 100%; height: 25px;" type="text"/>
Full business name of the trustee in respect of the trust (if any)	<input style="width: 100%; height: 25px;" type="text"/>
Country where Trust established (if not established in Australia)	<input style="width: 100%; height: 25px;" type="text"/>
Full Name of Settlor/s*	<input style="width: 100%; height: 25px;" type="text"/>

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

1.2 Type of Unregulated Trust

Tick Select one of the following types of Trusts

- Family Trust
 Charitable Trust
 Testamentary Trust

Other type provide description

If the Trust is a self-managed superannuation fund, registered managed investment scheme, government superannuation fund or other regulated Trust, do not use this form but rather complete the **AUSTRALIAN REGULATED TRUSTS & TRUSTEES IDENTIFICATION 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 / Entity name(s)	Surname
1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
3	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
4	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

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 .

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 <input type="text"/>		Full given name(s)/ Company name <input type="text"/>		Full given name(s)/ Company name <input type="text"/>	
Surname <input type="text"/>		Surname <input type="text"/>		Surname <input type="text"/>	
Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>		Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>		Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <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"/>

If there are more Trustees, provide their 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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT)

2.1 FATCA Status (select ✓ only ONE of the following categories and provide the information requested)

United States Trust (A trust created in the US, established under the laws of the US or a US taxpayer)

Provide the Trust's US Taxpayer Identification Number (TIN)

Is the Trust an exempt payee for US tax purposes?

Yes No

If the Trust is an exempt payee, provide its exemption code

If the Trust is a US Trust section 2 is complete, proceed to section 3.

Financial Institution or Trust with a Trustee that is a Financial Institution (A trust that is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right)

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

If the Trust or the 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
- Nonparticipating Financial Institution
- Other (describe the FATCA status in the box provided)

If the Trust is a Financial Institution or has a Trustee that is a Financial Institution section 2 is complete, proceed to section 3.

Australian Registered Charity or Deceased Estate

If the Trust is an Australian Registered Charity or Deceased Estate section 2 is complete, proceed to section 3.

Other (Trusts that are not US Trusts, Financial Institutions or do not have Financial Institution Trustees)

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 than 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"/>

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

SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE**Trust Verification procedure**

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

Tick ✓	Verification options (select one or more of the following options used to verify the Trust)
<input type="checkbox"/>	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 DETAILS	Document 1	Document 2 (if required)
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> 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 one of the Trust's Trustees;
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners and
- the FATCA information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed