

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



## **GUIDE TO COMPLETING THIS FORM**

- This form is for AUSTRALIAN REGULATED TRUSTS AND TRUSTEES 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. For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED TRUSTS AND TRUSTEES 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 licensee if you have any queries.

SECTION	1: REGULATED TRU	ST IDENTIFICATION	ON PRO	CEDURE								
Section 1.1:	General Information											
Full name of Trust												
	re trust established d if not Australia)											
	s name of trustee in e trust (if any)											
Section 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)											
	Government superannuation fund											
	Provide name of the legislation establishing the fund											
	Other regulated Trust (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											
For other type	s of Trusts (e.g. family, unit,	charitable, estate) or Ti	usts regula	ated by a fore	eign regulato	ry body, do	not use this	s form but rather complete the				
UNREGULAT	ED TRUSTS AND TRUSTE	ES IDENTIFICATION F	ORM.									
SECTION	N 2: TRUSTEE IDENT	FICATION PROCE	EDURE (	Please con	plete <b>EITH</b>	IER section	n 2.1 <b>OR</b> s	section 2.2)				
								ed for one Trustee, even if the orporate Trustee (section 2.2).				
Section 2.1	: Individual Trustee (To be	completed if the select	ed Trustee	is an individ	ual)							
Full given name(s)				Surname				Date of Birth (dd/mm/yyyy)				
Residential	Residential Address (PO Box is not acceptable)											
Street												
Suburb			State		Postcode		Country					
				OR								
Section 2.2 complete th	2: Company Trustee (To be e FOREIGN COMPANY IDI	e completed if the select ENTIFICATION FORM i	ed Trusteen addition	e is an Austra to this form)	ılian Compaı	ny. If the se	lected Trust	ee is a foreign company then				
2 2 1 Comm	pany Details			,								
	is registered by ASIC						ACN					

Re	gistere	d Address (PO Box is	not acceptable)											
Str	eet													
Sul	ourb					State		P	ostcode		Country			
Priı	ncipal l	Place of Business (if	anv) (PO Box is	not acce	eptable)						1			
	eet				.,									
Sul	ourb					State		P	ostcode		Country			
22	2 Ren	ulatory/ Listing Det	ails (If the com	ınany is	regulated (	nr listed s	select tl	he releva	nt category	v and nro	ovide the int	formation	requested)	
۷.۲		Regulated compa context 'Regulated' include Australian F Regulator name	iny (A company means subject t inancial Service	whose o super	activities are vision beyon	subject to	o the ov	ersight of y ASIC as	a Commor a company s (ACL) or	nwealth, S y registra Registra	State or Terr	itory statu xamples of nuation Er	tory regulator. In the fregulated compositive (RSE) Licens	anies
		Name of market /												
		Majority-owned s Australian listed pa	-		ralian listed	l compar	ny		Name o	of market	t / exchange	Э		
2.2	.3 Con	npany Type (Select	one of the follo	wing co	mpany type	es)								
		Public (companies	s whose name	does No	OT include	the word	Pty or p	oroprietar	y; generall	y listed o	companies)		Go to Section 3	
		Proprietary (comp	panies whose n	ame en	ds with Pro	prietary L	td or P	ty Ltd; als	o known a	as private	e companie:	s)	Go to section 2.2	2.4
2.2	.4 Dire	ectors (To be comple	eted for propriet	tarv cor	mpanies, no	t required	d for pu	blic comp	anies as n	er 2.2.3				
F		any directors are ther	re?		Provide full	name of e	each di	rector	Su	rname				
	2													
	3								7					=
	4													
						-4								
	tnere	are more directors,	provide details	on a se	parate snee	et								
F	Provide	eficial owners ((To e details of ALL indiv capital.	•		•	•	•	•	•		• '	of the cor	npany's	
		Beneficial	owner 1		ı	Beneficia	ıl owne	er 2			Benef	icial own	er 3	
	Full g	iven name(s)			Full given	name(s)				Full g	jiven name(	(s)		
										J  <u>└</u>				
	Surname			Surname	e				Surname					
	Residential Address (PO Box is NOT acceptable)			Residentia	Residential Address (PO Box is NOT acceptable)				Residential Address (PO Box is NOT acceptable)					
	Subur	rb	State		Suburb			State		Subu	rb		State	
		<b>.</b>	Deater		Cavarta			Destini		] [	4 m ,		Dootog -l-	
	Count	uу	Postcode	- 1	Country			Postcode	<del>)</del>	Coun	uу		Postcode	





## **SECTION 3: REGULATED TRUST VERIFICATION PROCEDURE**

_	Trust Verification proce	edure:							
	name of the Trust								
		ged super fund; registered managed investmen	t scheme, government sup	erannuation	fund or other regi	ulated Trust, as ap	plicable		
Tick ✓	Verification option	s (select one of the following options used t	o 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								
IMPORTA	NT NOTE:								
→ Eithe	er attach a legible ce	ertified copy of the ID documentatio	n used to verify the	Trust OR					
		between your licensee and the produ	uct issuer, complete	the Recor	d of Verificat	tion Procedure	e section below and		
DO N	IOT attach copies o	of the ID Documents							
SECTIO	ON 4: RECORD	OF VERIFICATION PROCEDU	JRE						
ID DOCU	MENT	Document 1		Docume	ent 2				
Verified F	rom	☐ Performed search ☐ Original	☐ Certified copy	☐ Perfo	rmed search	☐ Original	☐ Certified copy		
Documen	nt Issuer / Website								
Documen details	nt Type / Search								
Issue date	e / Search date								
		s Record of Verification Procedure I de cedure has been performed by an AFS					ired by AML/CTF Rules		
AFS Licer	nsee Name				AFSL No.				
Represen	ntative/ Employee Na	ame			Phone No.				
Signature	<b>.</b>				Date Verification	n			





Completed