

GUIDE TO COMPLETING THIS FORM

- o 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 TRUST IDENTIFICATION PROCEDURE

Section 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)	

Section 1.2: Type of Regulated Trust

Tick ✓	Select one of the following type of Regulated Trust
<input type="checkbox"/>	Self-Managed Superannuation Fund Provide the SMSF's ABN <input style="width: 400px;" type="text"/>
<input type="checkbox"/>	Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN) <input style="width: 400px;" type="text"/>
<input type="checkbox"/>	Government superannuation fund Provide name of the legislation establishing the fund <input style="width: 400px;" type="text"/>
<input type="checkbox"/>	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) <input style="width: 400px;" type="text"/> Provide the Trust's ABN or registration/licensing details <input style="width: 400px;" 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 TRUSTS AND TRUSTEES IDENTIFICATION 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 selected Trustee is an individual)

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residential Address (PO Box is <u>not</u> acceptable)		
Street <input style="width: 95%;" type="text"/>		
Suburb	State	Postcode
<input style="width: 250px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Country	<input style="width: 150px;" 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	ACN
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Registered 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

2.2.2 Regulatory/ Listing Details (If the company is regulated or listed, select the relevant category and provide the information requested)

- Regulated company** (A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'Regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples of regulated companies include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) or Registrable Superannuation Entity (RSE) Licensees.)
 Regulator name Licence details (e.g. AFSL, ACL, RSE)
- Australian listed company**
 Name of market / exchange
- Majority-owned subsidiary of an Australian listed company**
 Australian listed parent company name Name of market / exchange

2.2.3 Company Type (Select one of the following company types)

- Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies) Go to Section 3
- Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies) Go to section 2.2.4

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

How many directors are there? Provide full name of each director

	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

2.2.5 Beneficial owners ((To be completed for proprietary companies, not required for public companies as per 2.2.3)

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

Beneficial owner 1		Beneficial owner 2		Beneficial owner 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"/>	
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"/>

SECTION 3: REGULATED TRUST VERIFICATION PROCEDURE**Regulated Trust Verification procedure:**

Information to be verified:

- Full name of the Trust
- That the Trust is a Self-Managed super fund; registered 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
<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

IMPORTANT NOTE:

- **Either 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 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	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	www.asic.gov.au	
Document Type / Search details		
Issue date / Search date		

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

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"/>