

MAB Funds

Property Funds Management

Dear Investor/Advisor,

Under Australian anti-money laundering and counter-terrorism financing legislation, certain due diligence must be conducted on any prospective investor before units in a fund may be issued to that investor.

For all future MAB Funds Management applications, please complete the Application form in the current Product Disclosure Statements.

In addition, please complete one of the following forms which have been enclosed for your perusal:

- Identification form for Individual & Sole Traders
- Identification form for Australian & Foreign Companies
- Identification form for Partnerships & Partners
- Identification form for a Trust & Trustees

For all future applications please provide the information requested and attach the completed Investor Identification Form to the completed Application Form.

If you have any further questions in relation to this process please do not hesitate to contact MAB Funds Management Investor Services on 1800 760 012.

Kind Regards,

Stephen Stephens
Compliance Officer & Funds Administration
MAB Funds Management



Investment & Financial Services Association Ltd

IDENTIFICATION FORM INDIVIDUALS & SOLE TRADERS



GUIDE TO COMPLETING THIS FORM

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

SECTION 1A: PERSONAL DETAILS

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

SECTION 1B: VERIFICATION PROCEDURE

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- o Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	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

Tick ✓	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
Tick ✓	AND ONE 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)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

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

Tick ✓	BOTH 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 1C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the individual (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		
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

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

Date Verified (dd/mm/yyyy)	<input type="text"/>		
Financial Planner's Name	<input type="text"/>	Phone No.	<input type="text"/>
AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>



Investment & Financial Services Association Ltd

IDENTIFICATION FORM AUSTRALIAN & FOREIGN COMPANIES



GUIDE TO COMPLETING THIS FORM

- o Complete **ONE** of the following:
 - Section 1 (all parts) – for Australian Companies
 - Section 2 (all parts) – for Foreign Companies
- o Only send the **completed sections** of this form with the application form.
- o Contact your licensee if you have any queries

SECTION 1A: AUSTRALIAN COMPANY DETAILS (to be completed if company is an Australian Company)

1.1 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

1.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the 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

1.3 Company Type (select ✓ only ONE of the following categories)

Public Go to Section 1B below.

Proprietary Go to Section 1.4 below.

1.4 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

	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 1.2 above) go to Section 1B below. Otherwise, for all other proprietary companies continue to Section 1.5 below.

1.5 Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 1.2)

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		
<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"/>

SECTION 1B: AUSTRALIAN COMPANY VERIFICATION PROCEDURE**Standard verification procedure**

Verify:

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

Verify:

- That the company is an Australian listed company (if applicable)
- That the company is a majority owned subsidiary of an Australian listed company (if applicable)
- That the 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 1C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the 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		

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.

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

SECTION 2A: FOREIGN COMPANY DETAILS (to be completed if the company is a Foreign Company)**2.1 General Information**

Full name of foreign company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

2.2 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

2.3 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

2.4 Regulatory/ Listing Details (select each of the following categories that apply to the 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

2.5 Company Type (select only ONE of the following categories and provide any information requested)

- Public** *Go to Section 2.6 below.*
- Private/Proprietary** *Go to Section 2.6 below.*
- Other** *Go to Section 2.6 below.*

2.6 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 2.4 above) go to Section 2B below. Otherwise, for all other private, proprietary or other companies continue to Section 2.7 below.

2.7 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)	<input type="text"/>	Surname	<input type="text"/>
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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)	<input type="text"/>	Surname	<input type="text"/>
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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)	<input type="text"/>	Surname	<input type="text"/>
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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"/>

SECTION 2B: FOREIGN COMPANY VERIFICATION PROCEDURE

Standard verification procedure – for Foreign Companies registered with ASIC

Verify:

- o The full name of the company as registered by ASIC
- o The ARBN issued to the company
- o 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 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

Verify:

- o The full name of the company
- o 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 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 company given by an individual acting as agent of the 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).

Verify:

- o That the company is a listed company (if applicable)
- o That the company is a majority owned subsidiary of an Australian listed company (if applicable)
- o That the 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 2C: RECORD OF VERIFICATION PROCEDURE

IMPORTANT:

- **Attach** a legible copy of the ID documentation used to verify the 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

SECTION 2D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)

Financial Planner's Name Phone No.

AFS Licensee Name AFSL No.





Investment & Financial Services Association Ltd

IDENTIFICATION FORM PARTNERSHIPS & PARTNERS



FINANCIAL PLANNING
ASSOCIATION OF AUSTRALIA

GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

SECTION 1A: PARTNERSHIP DETAILS

1.1 General Information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 Type of Partnership (select ✓ only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

Yes Provide name of association

Provide membership details

(Go to Section 1B)

No How many partners are there? provide full name & address of each partner below

1.3 Partnership Details (only complete for Partnerships NOT regulated by a professional association)

Partner 1

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 2

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 3

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

If there are more partners, provide details on a separate sheet.

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

Verify the following:

- o Complete Part I (for all partnerships) and
- o Complete Part II (if the partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator’s database.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant association.

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 Partnership (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 1 D: 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 the following section to collect the additional information about the identity of ONLY ONE of the partners

SECTION 2A: INDIVIDUAL DETAILS (to be completed for ONE partner)

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 1A			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE

Verify the **Partner's** full name; and **EITHER** their date of birth or residential address:

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

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	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

Tick ✓	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
Tick ✓	AND ONE 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

Tick ✓	BOTH 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 partner (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		
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



Investment & Financial Services Association Ltd

IDENTIFICATION FORM TRUSTS & TRUSTEES



FINANCIAL PLANNING
ASSOCIATION OF AUSTRALIA

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 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"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input 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)	<input type="text"/>		
Financial Planner's Name	<input type="text"/>	Phone No.	<input type="text"/>
AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>

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.

- 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

Tick ✓	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

Tick ✓	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.
Tick ✓	AND ONE 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

Tick ✓	BOTH 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		
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

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:

- o The full name of the trustee company as registered by ASIC
- o Whether the trustee company is registered as a proprietary or a public company
- o 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:

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

- o selected in Section 1.2 above, go to Section 4B.
- o 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)	<input type="text"/>	Surname	<input type="text"/>
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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)	<input type="text"/>	Surname	<input type="text"/>
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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)	<input type="text"/>	Surname	<input type="text"/>
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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:

- o selected in Section 1.2 above, go to Section 4B.
- o 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:

- o The full name of the trustee company as registered by ASIC
- o The ARBN issued to the trustee company
- o 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:

- o The full name of the trustee company
- o 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:

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