

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 \underline{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



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				The second second
Surname	·			Date of Birth sommeyyyy
Full Given Name(s)				
Residential Address (PO Box is NOT acceptable) Street	A.	-		
Suburb	State	Postcode	Country	
COMPLETE THIS PART IF INDIVIDUAL IS A SOLE Full Business Name (if any)	TRADER		ABN (if any)	
Principal Place of Business (if any) (PO Box is NOT acceptable Street	9)			
Suburb	State	Postcode	Country	

1/2

SECTI	SECTION 1B: VERIFICATION PROCEDURE								
Verify the individual's full name; and EITHER their date of birth or residential address.									
	Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)								
o Contac	t your licensee if the individua	l is unable to provide	the required documents.						
PARTI-	PART I – ACCEPTABLE PRIMARY ID DOCUMENTS								
Tick ✓	Select ONE valid optio								
	Australian State / Terri	tory driver's licen	ce containing a photograph of	the person					
	Australian passport (a	passport that has	expired within the preceding	2 years is acceptable)					
	Card issued under a S	tate or Territory fo	or the purpose of proving a pe	rson's age containing a p	photograph of th	e person			
	☐ Foreign passport or similar travel document containing a photograph and the signature of the person*								
PARTII	- ACCEPTABLE SECO	NDARY ID DOC	UMENTS – should only be comple	eted if the individual does not	own a document fro	nm Part I			
Tick ✓	Select ONE valid optio	n from this sectio	n						
	Australian birth certifica	ate							
	Australian citizenship o	ertificate							
	Pension card issued by	/ Centrelink							
	Health card issued by				,				
Tick ✓	AND ONE valid option								
	benefits to the individu	the Commonwea al and which cont	Ith or a State or Territory with tains the individual's name and	n the preceding 12 mont d residential address	hs that records	the provision of financial			
	A document issued by Commonwealth (or by before scanning, copyi	the Commonwea		ding 12 months that recontains the individual's na	rds a debt paya me and resider	ble by the individual to the tial address. <i>Block out the TFN</i>			
			ent body or utilities provider wiment must contain the individu			ds the provision of services to			
	If under the age of 18,	a notice that: was	s issued to the individual by a	school principal within th	e preceding 3 n	nonths; and contains the name			
	and residential address	s; and records the	e period of time that the individ	lual attended that school					
PART III	- ACCEPTABLE FORE	IGN ID DOCUM	ENTS – should only be completed	if the individual does not own	a document from P	art I			
Tick ✓	BOTH documents from	this section mus	st be presented						
	Foreign driver's licence	that contains a	photograph of the person in w	nose name it issued and	the individual's	date of birth*			
	National ID card issued	d by a foreign gov	remment containing a photogr	aph and a signature of th	ne person in wh	ose name the card was issued*			
*Documen	ts that are written in a langua	ge that is not English	must be accompanied by an Englist	translation prepared by an a	ccredited translator				
SECTI	ON 1C: RECORD	OF VERIFICA	TION PROCEDURE						
IMPORT									
→		of the ID docume	ntation used to verify the indiv	idual (and any required t	ranslation).				
\rightarrow	Alternatively, if agree of the ID Documents.	d between your l	icensee and the product issue	r, complete the ID Docu	ment Details be	low, and DO NOT attach copies			
ID DOCU	JMENT DETAILS	Document 1		Document 2					
Verified	From	☐ Original	☐ Certified Copy	☐ Original	☐ Certified	1 Conv			
200000000000000000000000000000000000000	nt Issuer	Original	- Certified Copy	Original		тоору			
Issue Da									
The second secon	NAME								
	Expiry Date Document Number								
		□ N/A	□ Sighted	∐ N/A	☐ Sighted				
SECTI	ON 1D: FINANCIA	L PLANNER	DETAILS – identificati	on and verification	n conducted	by:			
Date Ve	rified (dd/mm/yyyy)								
Financia	nancial Planner's Name Phone No.								
AFS Lice	ensee Name				AFSL No.				







IDENTIFICATION FORM AUSTRALIAN & FOREIGN COMPANIES



INVESTMENT & FINANCIA SERVICES ASSOCIATION FOR
GUIDE TO COMPLETING THIS FORM
Complete ONE of the following:
☐ Section 1 (all parts) — for Australian Companies
☐ Section 2 (all parts) – for Foreign Companies
 Only send the completed sections of this form with the application form. Contact your licensee if you have any queries
Contact your necession you have any quents
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
2
3

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

4

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

Sharehold	der 1							
Full giver	n name(s)			Surna	ime			
Residenti	al address (PO Box is NOT acceptable)							
Street								
Suburb		State		Postcode		Country		
Sharehold	der 2							
Full giver	n name(s)			Surna	ime			
Residenti	al address (PO Box is NOT acceptable)							
Street								
Suburb		State		Postcode		Country		
Sharehold	der 3							
Full giver	Full given name(s) Surname							
Residenti	ial address (PO Box is NOT acceptable)							
Street						- Marie (in		
Suburb		State		Postcode		Country		





SECTIO	ON 1B: AUSTR	ALIAN COMPANY VERIFICATI	ON PROCEDUR	E						
Verify:	rerification procedure	and the ACC								
	W 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
	The ACN issued to the company.									
Tick✓	Verification options (select one of the following options used to verify the Company)									
	Perform a search	of the relevant ASIC database.								
	If the ASIC databa	ase is not reasonably available, an origin	nal or certified copy o	f the certification	on of registratio	n issued by	ASIC.			
	The same of the sa									
For a comp Commonwe Verify:	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:									
1000		ralian listed company (if applicable) ty owned subsidiary of an Australian listed comp	any (if applies blo)							
1000		ty owned subsidiary of an Australian listed comp. ted company (if applicable).	апу (п аррисаріе)							
Tick ✓	Verification option	ons (select one or more of the following option	ns used to verify the Co	mpany)						
	Perform a search	of the relevant market/exchange.								
	Perform a search	of the relevant ASIC database.								
	Perform a search	of the licence or other records of the rel	evant Commonwealth	n, State or Ten	ritory statutory i	egulator.				
	A public documer	t issued by the relevant company.								
SECTIO	ON 1C: RECOR	D OF VERIFICATION PROCED	URE							
IMPORTA	ANT:									
→ Atta	ch a legible copy o	the ID documentation used to verify the	Company.							
	rnatively, if agreed ocuments.	between your licensee and the product	issuer, complete the	ID Document	Details below,	and DO NO	T attach copies of the			
				D						
וט טטכט	MENT DETAILS	Document 1		Document 2						
Verified F		☐ Performed search ☐ Original	☐ Certified copy	☐ Performe	d search	Original	☐ Certified copy			
7.5	t Issuer / Website	3								
	cument Type									
issue date	e / Search date									
SECTIO	ON 1D: FINANC	IAL PLANNER DETAILS – ide	ntification and v	erification	conducted	by:				
Date Veri	fied (dd/mm/yyyy)									
Financial	Planner's Name				Phone No.					
AFS Licer	FS Licensee Name AFSL No.									

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





SE	CTION	2A: FOR	EIGN CO	DMPANY D	ETAILS (to	be con	pleted if	the comp	any is a Fo	oreign Co	mpany)
2.1	Genera	al Informatio	n								
Full	name of	foreign com	pany								
Cou	ntry of fo	ormation / inc	orporation	/ registration							
	Select ✓	if registered	by a forei	gn body and p	orovide name o	of body					
2.2	Is the f	oreign comp	oany regis	stered with A	SIC? (select ✓	ONE of th	e following)				
	Yes	Provide AF	RBN								
		Provide El	THER	principal plac	e of business	address in	Australia OI	R 🗌 local a	gent name ar	nd address de	etails (Tick one box)
	Address (PO Box is NOT acceptable)										
		Street				1 1				r	
		Suburb				State		Postcode		Country	
		Name of lo	cal agent i	n Australia							
	No	Provide cor foreign reg			nber (if any) iss	sued by the	9				
			ace of bus	iness in the co	ompany's cour	ntry of form	ation or inco	poration (PC	Box is NOT ac	cceptable)	
		Street						Dtt-		0	
		Suburb				State		Postcode		Country	
Prov	vide the	ered Addres registered a formation, in	address a		vith ASIC. If t	the compa	nny is NOT re	egistered w	ith ASIC, pro	vide the reg	istered address in the
	1	Street									
		Suburb				State		Postcode		Country	
				,						Ĺ	
2.4										the informati	ion requested)
	Regula	ted compan	y (licensed	d by an Austra □	lian Commony	vealth, Sta	te or Territory	statutory re	egulator)		
	ě	Regulator r	name	Ļ					in the second		
		Licence de		L							
Ц	Listed	as defined i	n the IFS/	A/FPA Guidel □	ines						
		Name of m		_							
Ц	Majorit	ty-owned su	bsidiary o	of an Australia	an listed com	pany					
		Australian I	isted comp	pany name							
		Name of m	arket / exc	hange							
2.5	Compa	ny Type (se	lect √ only	ONE of the fo	ollowing catego	ories and p	orovide any in	formation re	quested)		
	Public				Go to Section	2.6 below	ë.				
	Private	/Proprietary	r.		Go to Section	2.6 below					
	Other				Go to Section	2.6 below					





2.6 Directo	ors (complete for all companies other than public or listed companies)
How many di	rectors are there? provide full name of each director below
	Full given name(s) Sumame
1	
2	
3	
4	
	If there are more directors, provide details on a separate sheet.
	iny is a regulated company (as selected in Section 2.4 above) go to Section 2B below. Otherwise, for all other private, proprietary inpanies continue to Section 2.7 below.
2.7 Shareh	olders (complete for all companies other than public, listed or regulated companies)
Provide deta	ls 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 n	ame(s) Surname
	address (PO Box is NOT acceptable)
Street	
Suburb	State Postcode Country
Shareholder	2
Full given na	ame(s) Surname
Residential	address (PO Box is NOT acceptable)
Street	
Suburb	State Postcode Country
Shareholder	3
Full given n	ame(s) Surname
Residential	address (PO Box is NOT acceptable)
Street	
Suburb	State Postcode Country





SECTION 2B: FOREIGN COMPANY VERIFICATION PROCEDURE										
Standard v	erification procedure – for	Foreign Companies registered with ASIC								
Verify:	*									
1	TE ADDIVING U.S.									
- NOVO -	and account of the company of the co									
	■ 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)									
	Perform a search of th	e relevant ASIC database.								
	Perform a search of th	e relevant foreign registration body.								
	If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration									
Standard v	erification procedure – for	Foreign Companies NOT registered with ASIC								
1.50.000	ull name of the company									
o Whet	her it is registered by a foreig									
•	whether it is registered as a the identification number is	private or a public company								
Tiels /	r									
Tick ✓		(select one of the following options used to verify the Company)								
		e relevant foreign registration body.	a contilled convert the contillection of registration issued by							
	the relevant foreign re	T								
		ns are unavailable, a disclosure certificate from the compa been verified). See your licensee for other disclosure certif								
	verification procedure									
	any which is a listed compan atutory regulator).	y, a majority owned subsidiary of an Australian listed company or is a re	gulated company (ie licensed by an Australian Commonwealth, State or							
Verify:	nulory regulator).									
,	the company is a listed comp	any (if applicable)								
The second second		ned subsidiary of an Australian listed company (if applicable)								
o That	the company is a regulated c	ompany (if applicable).								
Tick ✓	Verification options	select one of the following options used to verify the Company)								
	Perform a search of the	e relevant financial market.								
	Perform a search of the	ne relevant ASIC database.								
	Perform a search of the	ne licence or other records of the relevant Commonwealth,	State or Territory statutory regulator.							
	A public document iss	ued by the relevant company.								
Documents	that are written in a languag	e that is not English must be accompanied by an English translation pre	pared by an accredited translator.							
SECTIO		OF VERIFICATION PROCEDURE								
		ID documentation used to verify the Company (and any re	quired translation)							
→ Alte			D Document Details below, and DO NOT attach copies of the							
ID DOCU	MENT DETAILS	Document 1	Document 2							
Verified F	rom	☐ Performed search ☐ Original ☐ Certified copy	☐ Performed search ☐ Original ☐ Certified copy							
Documen										
Public Do	Public Document Type									
Issue dat	Issue date / Search date									
Accredite	Accredited English Translation N/A Sighted N/A Sighted									
SECTIO	ON 2D: FINANCIAI	PLANNER DETAILS – identification and ve	rification conducted by:							
Date Veri	fied (dd/mm/yyyy)									
Financial	Planner's Name		Phone No.							
AFS Lice	AFS Licensee Name AFSL No.									







IDENTIFICATION FORM PARTNERSHIPS & PARTNERS



GUIDE TO COMPLETING THIS FORM

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

SECTION	1A: PARTNERSHIP DETAILS	•			
1.1 Genera	al Information				
Full name of	partnership				
Registered b	ousiness name of partnership (if any)				
Country whe	re partnership established				
	of Partnership (select ✓ only one of the		g partnership type	es and provide the inf	ormation requested)
☐ Yes	Provide name of association	· -			
	Provide membership details				(Go to Section 1B)
□No	How many partners are there?	ρ,	provide full name 8	& address of each pa	
	rship Details (only complete for Partn	erships N	OT regulated by a	a professional associa	ation)
Partner 1 Full given na	ame(s)			Surname	
Residential	Address (PO Box is NOT acceptable)				
Suburb			State	Postcode	Country
					9
Partner 2					
Full given na	ame(s)		1	Surname	
Residential	Address (PO Box is NOT acceptable)	-			
T toolagritian	That is the state of the state	225			
Suburb			State	Postcode	Country
Danto 2					
Partner 3 Full given n	ame(s)			Surname	
Residential	Address (PO Box is NOT acceptable)				
Suburb			State	Postcode	Country

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

IDENTIFICATION FORM PARTNERSHIPS & PARTNERS

SECTIO	N 1B: PARTNERS	HIP VERIFICATION PRO	CEDURE						
Verify the fol	llowing:) 				
	- Papartularing a state of the Conference of the								
o Complet	e Part II (if the partnership is	regulated by a professional association).							
PARTI-	ACCEPTABLE ID DOC	UMENTS – to verify partnership name)						
Tick ✓	Verification options	(select one of the following options u	sed to verify the Partnership)						
	An original, a certified	copy or certified extract of the p	artnership agreement.						
	A certified copy or a	certified extract of minutes of a pa	artnership meeting.						
	An original current m	embership certificate (or equivale	nt) of a professional association	1.					
	Membership details in	ndependently sourced from the re	elevant professional association						
	A search of the releva	ant ASIC or other regulator's data	ibase.						
	A notice issued by the copying or storing this		n the last 12 months eg Notice o	of Assessment.	Block out the TFN before scanning,				
	An original or certified	d copy of a certificate of registrati	on of business name issued by	a government o	r government agency in Australia.				
PART II -	ACCEPTABLE ID DOC	UMENTS – to verify membership of	a professional association						
Tick ✓	Verification options	(select one of the following options us	sed to verify the Partnership)						
	An original current me	embership certificate (or equivale	nt).						
	Membership details in	ndependently sourced from the re	elevant association.						
Documents t	hat are written in a language	that is not English, must be accompanie	d by an English translation prepared by	y an accredited tran	slator				
SECTIO	N 1C: RECORD O	F VERIFICATION PROCE	DURF						
IMPORTA				AV STATISMY					
		D documentation used to verify the	ne Partnership (and any require	d translation)					
→ Alteri					elow, and DO NOT attach copies of				
ID DOCUM	MENT DETAILS								
Verified Fr	om	☐ Performed search	☐ Original		Certified Copy				
Document	Issuer / Website								
Issue date	/ Search date								
Accredited	Accredited English Translation N/A Sighted								
OFOTIO	N 4 B. FINANGIAI	DI ANNED DETAIL 0 :		5 A S (40 A S					
SECTIO	N 1 D: FINANCIAL	. PLANNER DETAILS – id	ientification and verifica	ation conduc	cted by:				
Date Verifi	ed (dd/mm/vvvv)								
	Date Verified (dd/mm/yyyy)								
Financial F	Financial Planner's Name Phone No.								
AFS Licen	ensee Name AFSL No.								





 $Complete \ the \ following \ section \ to \ collect \ the \ additional \ information \ about \ the \ identity \ of \ ONLY \ ONE \ of \ the \ partners$

IDENTIFICATION FORM PARTNERSHIPS & PARTNERS

SECTI	ON 2A: INDIVIDUA	L DETAILS (to be o	completed for	ONE partner	;)					
Full Give	en Name(s)		Surname		*****		Date of Birth (dd/mm/yyyy)			
L										
Residen	tial Address (PO Box is NO	OT acceptable) Only provid	de address details	s if not provide	d in Section 1.	Α				
Suburb			State	Postcode	Country					
SECTI	SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE									
	Verify the Partner's full name; and EITHER their date of birth or residential address: Complete Part I (or if the partner does not own a document from Part I, then complete either Part II or III.)									
PART I	PART I – ACCEPTABLE PRIMARY ID DOCUMENTS									
Tick ✓	Select ONE valid optio	n from this section only								
	Australian State / Terri	tory driver's licence conta	ining a photograph	of the person						
	Australian passport (a	passport that has expired	within the precedi	ng 2 years is ac	ceptable)					
	Card issued under a St	tate or Territory for the pu	irpose of proving a	person's age co	ntaining a pho	tograph of	the person			
	Foreign passport or sir	milar travel document conf	taining a photograp	ph and the signa	ture of the per	son*				
PART II	– ACCEPTABLE SECO	NDARY ID DOCUMENTS	S – should only be co	mpleted if the individ	lual does not own	a document	from Part I			
Tick ✓	Select ONE valid optio									
	Australian birth certificate									
	Australian citizenship certificate									
	Pension card issued by	/ Centrelink								
	Health card issued by	Centrelink								
Tick ✓	AND ONE valid option	from this section								
		the Commonwealth or a sal and which contains the				that record	s the provision of financial			
	Commonwealth (or by		e individual), which				vable by the individual to the ential address. Block out the TFN			
		a local government body person (the document mu					ords the provision of services to			
PART III	- ACCEPTABLE FORE	EIGN ID DOCUMENTS -	should only be comple	eted if the individual	does not own a do	ocument from	Part I			
Tick ✓		n this section must be pre-		iod ii iiio iiidiiidadii	adda not ann a at					
	Foreign driver's licence	that contains a photogra	ph of the person ir	n whose name it	issued and the	e individual'	s date of birth*			
	National ID card issued	by a foreign government	t containing a phot	ograph and a sig	gnature of the	person in w	hose name the card was issued*			
*Documen	ts that are written in a langua	ge that is not English must be a	accompanied by an En	glish translation pre	pared by an accre	edited translat	or.			
SECTI	ON 2C: RECORD C	OF VERIFICATION F	PROCEDURE							
IMPORT	ANT:									
→ Att	→ Attach a legible copy of the ID documentation used to verify the individual partner (and any required translation).									
ID DOC	JMENT DETAILS	Document 1		Doc	ument 2		Description of the second of t			
Verified	From	☐ Original ☐	Certified Copy	ПС	Driginal	☐ Certifi	ed Copy			
	nt Issuer									
Issue Date										
Expiry Date										
7	nt Number		Ciabtad		1/6	Cighte				









GUII		MPLETING THIS FORM	-00				
0	Complete	the following in BLOCK LETTI					
	AND sele	Section 1 (all parts) – all true ct and complete one of the	sts. following sections for ONLY ONE of t	he trustees:			
			– selected trustee is an Individual.				
			– selected trustee is an Australian Co	ompany.			
		Section 4 (applicable parts)	– selected trustee is a Foreign Comp	oany.			
0		The contract of the contract o	is form with the application form.				
0	Contact y	our licensee if you have any qu	eries.				
SE	CTION	1A: TRUST DETAIL	-S				
1.1	Genera	I Information					
Full	name of	trust					
Full	business	name (if any)					
Cou	intry whe	re trust established					
						A	
1.2	Type of	Trust (select ✓ only one	of the following trust types and	d provide the i	nformation reques	ted)	
	Registe	ered managed investme	nt scheme				
	Provide	Australian Registered Sc	heme Number (ARSN)				(C - t - C - ti 1D)
							(Go to Section 1B)
		ted trust (e.g. an SMSF)					
		name of the regulator (e.					
	Provide	the trust's ABN or registr	ation / licensing details				(Go to Section 1B)
П	Covern	ment superannuation for	und				(Oo to occitor 15)
		name of the legislation e					
	Flovide	fiame of the legislation e	stabilisting the fund				(Go to Section 1B)
	Other to	rust type					
	Trust de	escription (e.g. Family, un	it, charitable, estate)				
						(Co	mplete Section 1.3 and 1.4)
1.3	Benefic	iary Details (only comple	ete if "Other trust type" is selec	ted in section	1.2 above)		
Ω-	NOT con	anlete if the truet is a re	gistered managed investmer	staabama ra	aulated trust (ea	SMSE) or governmer	at cuporannuation fund
DO	NOT CON	ipiete ii tile trust is a re	gistered managed mvestmer	it scrienie, re	guiateu trust (eg	Sindi) or governmen	it superannuation runu.
Do	the term	ns of the trust identify the	beneficiaries by reference to m	nembership of	a class?		
		Provide details of the m	embership class/es				
	Yes	(e.g. unit holders, family	members of named person,				
		charitable purpose)					(Go to Section 1.4)
Г	No	How many beneficiaries	are there?			of analy hamadicions ha	low
		Tion many pononoidine			provide full flame	of each beneficiary be	now
		Full given name(s)			Surname		
		1					
		2					
		2					
		3					
		4					
		5					
		6					
		0					

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

1.4 Trust	ee Details (only complete if "Other tru	ust type" is selected in .	section 1.	2 above)				
Do NOT co	omplete if the trust is a registered n	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	Full given name(s) or Company name							
1	al address if an individual trustee or co	ompany registered offic	ce addres	s (PO Box is NOT a	cceptable)			
Street			N					
Suburb		State	Postco	de	Country			
Trustee 2								
Full given	name(s) or Company name		s	urname				
Residentia	al address if an individual trustee or co	ompany registered offic	ce addres	s (PO Box is NOT a	cceptable)			
Street								
Suburb		State	Postcoo	de	Country			
Trustee 3								
Full given	name(s) or Company name		S	urname				
J			٦ř					
Residentia	al address if an individual trustee or co	ompany registered offic	e addres	s (PO Box is NOT a	acceptable)			
Street								
Suburb		State	Postcoo	de	Country			
Trustee 4	Trustee 4							
	name(s) or Company name		S	urname				
T dii giron	Full given name(s) or Company name Surname							
Residentia	al address if an individual trustee or co	ompany registered offic	e addres	s (PO Box is NOT a	acceptable)			
Street								
Suburb		State	Postco	de	Country			
Trustee 5				\$ 				
	nama(a) ar Campany nama		c					
Full given	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	Postco	de	Country			
Trustee 6								
Full given name(s) or Company name Surname								
Tail given name(s) or company manie								
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)								
Street								
Suburb		State	Postco	de	Country			
inc. ve	e more trustees, provide details on a		l					

(Go to Section 1B)





SECTION 1B: TRUST VERIFICATION PROCEDURE								
o The full	AND CONTROL OF THE CO							
	That the trust is a registered managed investment scheme, regulated trust or government superannuation fund, as applicable.							
Tick ✓	Served Apple On Edward Co. College Balling Assessed	(select one of the following options use						
	Perform a search of t	he ASIC, ATO or relevant regulato	r's website (e.g. "Super Fund L	ookup" at www.abn.business.gov.au).				
	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 use	ed to verify the Trust)					
		e Australian Taxation Office within storing this document.	the last 12 months (eg a Notice	e of Assessment). Block out the TFN before				
	A letter from a solicito	or or qualified accountant that conf	irms the name of the trust.					
	An original or certified	d copy or certified extract of the tru	st deed.					
Documents	that are written in a lar	nguage that is not English must be	accompanied by an English tra	nslation prepared by an accredited translator.				
SECTION	1C RECORD O	F VERIFICATION PROCED	DURF					
IMPORTAL		VERNI GATION I NO GER						
→ Altern	→ Attach a legible copy of the ID documentation used to verify the Trust (and any required translation).							
ID DOCUM	ENT DETAILS							
Verified Fro	om	☐ Performed search	☐ Original	☐ Certified Copy				
Document	Issuer / Website							
Issue date / Search date								
Accredited	English Translation	□ N/A	☐ Sighted					
CECTION 4D. FINANCIAL DI ANNED DETAILS. Identification and configuration and configuration								
SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:								
Date Verified (dd/mm/yyyy)								
Financial Planner's Name Phone No.				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								

- 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.



trustees:



SECTION 2A: INDIVIDUAL DETAILS (to be completed if selected trustee is an Individual)								
Full Give	en Name(s)		Surname			Date of Birth (dd/mm/yyyy)		
Resident	Residential Address (PO Box is NOT acceptable) Only provide address details if not provided in Section 1.4 above.							
Suburb	Suburb State Postcode Country							
If the tru	ust is a registered mana	ged investment sch	neme, regulated trust (eg SMS	GF) or government sup	erannuat	tion fund, the form is now		
	If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.							
			e, complete Sections 2B and					
SECTI	ON 2B: INDIVIDUA	L TRUSTEE VEI	RIFICATION PROCEDUI	RE				
1	AND THE RESERVE AND THE PARTY OF THE PARTY O		stee's full name; and EITHER their da		ress.			
o Comp	lete Part I (or if the trustee doe	s not own a document fro	m Part I, then complete either Part II o	er III).				
PARTI-	- ACCEPTABLE PRIMA	RY ID DOCUMENTS						
Tick ✓	Select ONE valid option	n from this section on	ly					
	Australian State / Territ	ory driver's licence co	ontaining a photograph of the p	erson.				
	Australian passport (a p	assport that has exp	ired within the preceding 2 yea	rs is acceptable).				
	Card issued under a St	ate or Territory for the	e purpose of proving a person's	age containing a photog	graph of t	the person.		
	Foreign passport or sin	nilar travel document	containing a photograph and th	e signature of the perso	n*.			
PARTII	- ACCEPTABLE SECO	NDARY ID DOCUME	ENTS - should only be completed if t	he individual does not own a d	document f	from Part I		
Tick ✓	Select ONE valid option	n from this section						
	Australian birth certifica	ite.						
	Australian citizenship certificate.							
	Pension card issued by Centrelink.							
	Health card issued by Centrelink.							
Tick ✓								
	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.							
	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. Block out the TFN							
	before scanning, copying or storing this document. A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that person (the document must contain the individual's name and residential address)							
PARTII	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 ✓				idinada doco not olini a doco				
	BOTH documents from this section must be presented Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth.*							
	National ID card issued	by a foreign govern	ment containing a photograph a	nd a signature of the pe	rson in w	hose 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 DOC	UMENT DETAILS	Document 1		Document 2				
Verified	From	☐ Original	☐ Certified Copy	☐ Original	☐ Certifi	ed Copy		
Document Issuer								
Issue Da	ate							
Expiry D	Date							
Docume	ent Number							
Accredit	ted English Translation	□ N/A	☐ Sighted	□ N/A	Sighte	ed		

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 Postcode Country Suburb State 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) If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form Public 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 2 3 4

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.
- o 'Other Trust Type', complete Sections 3B and 3C below.

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

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	Surname						
Residential address (PO Box is NOT acceptable)									
Street	reet								
Suburb	tate	Postcode	Country						
Shareholder 2									
Full given name(s)		Surname	Surname						
Residential address (PO Box is NOT acceptable)									
Street		10							
Suburb Sta	tate	Postcode	Country						
Shareholder 3									
Full given name(s) Surname									
Residential address (PO Box is NOT acceptable)									
Street									
Suburb Sta	tate	Postcode	Country						

If 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.
- 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) Perform a search of the relevant ASIC database. 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) Perform a search of the relevant market/exchange. Perform a search of the relevant ASIC database. Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. 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 2 Document 1 Verified From Performed search ☐ Original ☐ Certified copy Performed search Original Certified copy

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



Document Issuer / Website
Public Document Type
Issue date / Search date



SECTION	N 4A: FORI	EIGN COMPANY D	DETAILS (to	be com	pleted if	selected [•]	trustee is a	a Foreign	Company)
4.1 General Information									
Full name of foreign company									
Country of f	formation / inc	orporation / registration							
☐ Select •	/ if registered	by a foreign body and p	provide name of	body					
4.2 Is the	foreign comp	oany registered with A	SIC? (select ✓ (ONE of the	e following)				
☐ Yes	Provide AR	Provide ARBN							
	Provide EIT	THER principal place	ce of business ar	ddress in	Australia OI	R local a	agent name ar	nd address o	letails (Tick one box)
	Address (Po	O Box is NOT acceptable)							50 (
	Street								
	Suburb			State		Postcode		Country	
	Name of lo	cal agent in Australia							
☐ No		mpany identification nun stration body	nber (if any) issu	ed by the					
		ace of business in the c	omnany's count	ny of form	etion or inco	rporation (P(O Box is NOT as	contable)	
	Street	ace of business in the c	ompany's count	ry or iorria	ation of frico	rporation (PC	J BOX IS INOT AC	сертавіе)	
	Suburb			State		Postcode		Country	
40 D 11				The second			and a lower and a first		
		s of Company	-: (L. A.O.O. 15 (L.		· NOT	VIA CONTRACTOR	:// AO/O	AST EDWING	G. Administrative and the
		corporation or registra		е сотра	ny is NOT r	egisterea w	ith ASIC, pro	viae tne reg	gistered address in the
	Street						<u> </u>		
	Suburb			State		Postcode		Country	
4.4 Regula	atory/ Listing	Details (select ✓ each	of the following	categorie	s that annly	to the truste	e company &	nrovide the	information requested)
_	_	y (licensed by an Austr	_				A	provide the	mormation requestes)
	Regulator r	name							
	Licence det	tails							
Listed	Listed as defined in the IFSA/FPA Guidelines								
	Name of ma	arket / exchange							
☐ Major	☐ Majority-owned subsidiary of an Australian listed company								
	Australian I	isted company name							
	Name of ma	arket / exchange							
4.5 Company Type (select ✓ only ONE of the following categories and provide any information requested)									
_	If the trust is a registered managed investment achemy regulated trust (or SMSE) or government superanguation								
□ Pub	iic	fund, as selected	in Section 1.2 a	above, the	form is now	COMPLET	E.		and a contract of the Contract
		If 'Other trust type	e is selected in .	Section 1.	∠ above, co	mpiete Sect	ions 46 and 4	C Delow.	
Priva	ate/Proprieta	Go to Section 4.6	5 below.						
Othe	er	Go to Section 4.6	5 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) Sumame						
1						
2						
3						
4						
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						
Residential address (PO Box is NOT acceptable)						
Street State Country Country						
Suburb State Postcode Country						
Shareholder 2						
Full given name(s) Sumame						
Residential address (PO Box is NOT acceptable) Street						
Suburb State Postcode Country						
Shareholder 3						
Full given name(s) Sumame						
Residential address (PO Box is NOT acceptable)						
Street State Restands Country						
Suburb State Postcode Country						
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:									
	The full name of the trustee company as registered by ASIC The ARBN issued to the trustee company								
95 N ACH, 1957	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)								
	Perform a search	of the relevant ASIC database.							
	Perform a search	of the relevant foreign registration body.							
		eign registration body database is not reasonably available, an original or certified copy of the certification of registration or by the relevant foreign registration body.							
Standard v	verification procedure	- for Foreign Companies NOT registered with ASIC							
	st type" is selected in S								
The same of the sa	full name of the trustee o	S(200) (100) (100) (100) (100) (100) (100) (100) (100) (100)							
o Whet		foreign registration body and if so							
=		I as a private or a public company							
-		er issued to the trustee company.							
Tick ✓		ons (select one of the following options used to verify the Company)							
		of the relevant foreign registration body.	described and of the partition of registration includ by						
	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.								
	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.								
Altarnativa	verification procedure	•							
The second second second second			a regulated company (ie licensed by an Australian Commonwealth, State or						
	atutory regulator).	inpurity, a majority office constitution of arm action and included company or a co	a regulated company (to see need 2) and the see and th						
If "Other tru	If "Other trust type" is selected in Section 1.2 above, verify:								
I		a listed company (if applicable)							
2000	A CARLO CONTRACTOR AND	a majority owned subsidiary of an Australian listed company (if applicable)							
		a regulated company (if applicable).							
Tick ✓		ons (select one of the following options used to verify the Company)							
	Perform a search	of the relevant financial market.							
	Perform a search	of the relevant ASIC database.							
	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.								
	A public documer	it issued by the relevant company.							
Documents	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:									
→ 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 DOCU	IMENT DETAILS	Document 1	Document 2						
Verified F		☐ Performed search ☐ Original ☐ Certified copy	☐ Performed search ☐ Original ☐ Certified copy						
-0.000000000000000000000000000000000000	nt Issuer / Website								
	ocument Type	****							
Issue dat	te / Search date								
Accredite Translation	ed English	□ N/A □ Sighted	□ N/A □ Sighted						



