

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



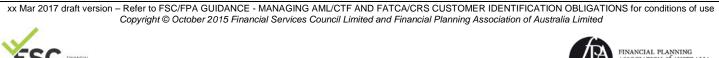
GUIDE TO COMPLETING THIS FORM

- This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.
- For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM. 0
- Collect information about the Trust and one Trustee. The identity of the Trust must be verified (not the Trustee). 0
- Tax information must be collected from an authorised representative of the Trust 0
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION	1: REGULATED T	RUST IDENTIFICATION	ON PRO	CEDURE						
Section 1.1:	General Information									
Full name of	Trust									
Country where trust established (only required if not Australia)										
	s name of trustee in e trust (if any)									
Section 1.2:	Type of Regulated Trus	st								
Tick ✓	Select one of the following	type of Regulated Trust								
	Self-Managed Superannuation Fund									
	Provide the SMSF's ABN									
	Registered manage	d investment scheme								
	Provide Australian R	egistered Scheme Number	(ARSN)							
	Unregistered managed investment scheme (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies)									
	Provide the unregist	ered managed investment s	scheme's	ABN						
	Government supera	nnuation fund								
	Provide name of the legislation establishing the fund									
	Other regulated Trust (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)									
	Provide name of the	regulator (e.g. ASIC, APRA	, ATO)							
	Provide the Trust's A	details								
AUSTRALIAN	I TRUSTS & FOREIGN	charitable, estate) or Trusts TRUSTS IDENTIFICATION NTIFICATION PROCE	FORM, r	ather than th	is form.	-	•			
For Australian	Regulated Trusts, identi	fication information is requir	ed for on	e of the Trus	tees. This in	formation is	s only requir	red for one Trustee, even if the corporate Trustee (section 2.2).		
Section 2.1	: Individual Trustee (To	be completed if the selected	ed Truste	e is an indivi	dual)					
Full given name(s)				Surname				Date of Birth (dd/mm/yyyy)		
Residential Street	Address (PO Box is <u>not</u> ad	cceptable)								
			Ctoto		Bootsads		Countri			
Suburb			State		Postcode		Country			
				OΡ						

Section 2.2: Company Trustee (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form)

2.2.1 Company Details									
Full name as registered by ASIC									
ACN									
Registered Office Address (PO Box is <u>not</u> acceptable) Street									
Suburb State Postcode Country									
Principal Place of Business (if any) (PO Box is <u>not</u> acceptable) Street									
Suburb State Postcode Country									
 2.2.2 Company Type (Select one of the following company types) Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies), proceed to section 3 Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to section 2.2.3 									
2.2.3 Directors (To be completed for proprietary companies, not required for public companies as per 2.2.2)									
Provide the names of all directors. Full given name(s) Surname U A									
If there are more directors, provide details on a separate sheet and tick this box SECTION 3: TAX INFORMATION									
Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 3 and can proceed to section 4.									
3.1 Tax Status									
Provide the Trust's Global Intermediary Identification Number (GIIN), if applicable									
If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA status (select ✓ ONE of the following statuses)									
☐ Deemed Compliant Financial Institution									
☐ Excepted Financial Institution									
☐ Exempt Beneficial Owner									
Non Reporting IGA Financial Institution (If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)									
□ Nonparticipating Financial Institution									
Other (describe the Trust's FATCA status in the box provided)									





SECTION 4: REGULATED TRUST VERIFICATION PROCEDURE

Information o Full o Tha	In Trust Verification proce on to be verified: name of the Trust t the Trust is a Self-Managulated Trust, as applicable	dure: ed super fund; registered ma	anaged investment	scheme, unregistered ma	naged inves	tment scheme, governm	nent supera	nnuation fund or other		
Tick ✓	Verification options (select one of the following options used to verify the Trust)									
	Perform a search of	erform a search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au).								
	A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)									
	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website							ent website		
→ Atta	•	copy of the ID docum etween your licensee f the ID Documents		•		rd of Verification P	rocedure	e section below and		
SECTION DOCUMENTS		DF VERIFICATION	I PROCEDU	IRE	Decume	ont 2				
	-				Document 2					
Verified From Document Issuer / Website		☐ Performed search	☐ Original	☐ Certified copy	□ Perfo	rmed search $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Original	☐ Certified copy		
	nt Type / Search									
Issue da	te / Search date									
an ic repre	lentity verification processentative and	Record of Verification cedure has been completed is reasonable consider	eted in accorda	nce with the AML/CT	F Rules, ir	the capacity of an	AFSL hol	der or their authorised		
AFS Lice	ensee Name					AFSL No.				
Represe	ntative/ Employee Nar	me				Phone No.				

