

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



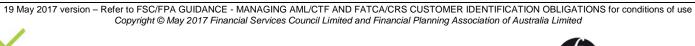
GUIDE TO COMPLETING THIS FORM

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

SECTION	1: REGULATED T	RUST IDENTIFICATION	ON PRO	CEDURI							
Section 1.1:	General Information										
Full name of	Trust										
Country where trust established (only required if not Australia)											
Full business respect of the	name of trustee in e trust (if any)										
Section 1.2: T	Гуре 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									
	_	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										
	Provide name of the legislation establishing the fund										
	Other regulated Trust (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)										
	Provide name of the regulator (e.g. ASIC, APRA, ATO)										
	Provide the Trust's ABN or registration/licensing details										
		charitable, estate) or Trusts				body should	d complete t	he UNREGULATED			
SECTION	2. TRUSTEE IDE	NTIFICATION PROCE	DURE	(Please co	mplete FITI	HFR section	on 2 1 OR 9	section 2.2)			
For Australian	Regulated Trusts, ident	fication information is requir	ed for one	e of the Tru	stees. This in	formation is	s only requir	ed for one Trustee, even if the corporate Trustee (section 2.2).			
Section 2.1:	: Individual Trustee (Te	be completed if the selecte	ed Trustee	e is an indiv	idual)						
Full given name(s)				Surname				Date of Birth (dd/mm/yyyy)			
Residential /	Address (PO Box is <u>not</u> ad	cceptable)	_				_				
Street											
Suburb			State		Postcode		Country				
	L		1	OR	_		ı				

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									
Regist Street	ered Office Address (PO Box is not a	cceptable)							
Suburb State Postcode Country									
	Principal Place of Business (if any) (PO Box is <u>not</u> acceptable) Street								
Subur	b	State		Postcode	Country				
2.2.2	Company Type (Select one of the f	ollowing company types)							
	Public (companies whose nar	me does NOT include the word	d Pty or propriet	ary; genera	ly 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 prop	orietary companies, not require	ed for public cor	mpanies as _l	per 2.2.2)				
Prov	ride the names of all directors.								
1	Full given name(s)			Su	ırname				
2				-					
3									
4									
If th	ere are more directors, provide deta	ails on a separate sheet and ti	ck this box \square .						
SEC	TION 3: TAX INFORMATIO	N							
Collec	tion of tax status in accordance with	the United States Foreign Ac	count Tax Com	nliance Act	(FATCA) and Comm	oon 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 Ta	x 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 T			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 In to be verified: In ame of the Trust It the Trust is a Self-Managulated Trust, as applicable	dure: ed super fund; registered ma	naged investment	scheme, unregistered ma	naged inves	tment scheme, governn	nent superal	nnuation fund or other		
Tick ✓	Verification options (select one of the following options used to verify the Trust)									
	Perform a search of	the ASIC, ATO or relev	ant regulator's	website (e.g. "Super I	Fund Look	up" at www.abn.bus	siness.go	v.au).		
	A copy of an offer do	document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)								
	A copy or relevant ea	xtract of the legislation	establishing the	e government superar	nuation fu	nd sourced from a	governme	ent website		
→ Atta	•	copy of the ID docum etween your licensee f the ID Documents		•		rd of Verification F	Procedure	e section below and		
SECTION DOCUMENTS	1	DF VERIFICATION	I PROCEDU	JRE	Docume	ant 2				
	-					Document 2				
Verified	-	☐ Performed search	☐ Original	☐ Certified copy	☐ Perfo	rmed search (Original	☐ Certified copy		
	nt Issuer / Website nt Type / Search									
Issue da	te / Search date									
an ic repre	dentity verification processentative and	Record of Verification leadure has been completed is reasonable consider	eted in accorda	nce with the AML/CT	F Rules, in	the capacity of an	AFSL hol	der or their authorised	ŀ	
AFS Lice	ensee Name					AFSL No.				
Represe	ntative/ Employee Nar	me				Phone No.				
Signatur	е					Date Verification Completed				

