

IDENTIFICATION FORM UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS



GUIDE TO COMPLETING THIS FORM

- This form is for all Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, should complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.
- o Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- o Provide details for ALL Trustees (Section.1.4) and provide a separate Customer ID Form for ONE of the Trustees.
- o Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Complete all applicable sections of this form in BLOCK LETTERS.

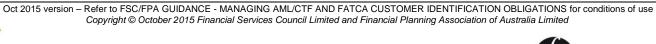
SECTION 1: TRUST IDENTI	FICATION PROCEDURE			
1.1 General Information				
Full name of the Trust				
Full business name of the trustee in respect of the trust (if any)				
Country where Trust established (if not established in Australia)				
Full Name of Settlor/s*				
* The person/s who settles the initia	sum or assets to create the Tru	st.		
1.2 Type of Unregulated Trust				
Tick ✓ Select one of the following	g types of Trusts			
Family Trust	☐ Ch	aritable Trust Testamentary Trust		
Other type provide	Other type provide description			
If the Trust is a self-managed super do not use this form but rather comp	annuation fund, registered mana plete the AUSTRALIAN REGUL	ged investment scheme, government superannuation fund or other regulated Trust, ATED TRUSTS &TRUSTEES IDENTIFICATION FORM.		
1.3 Beneficiaries Details				
Provide the names (1.3.1) and/or class both named and class/es of ber		ficiaries. Both the names and classes of beneficiaries must be provided (if the Trust		
1.3.1 Named Beneficiaries				
Full Given / Entity name(s)		Surname		
1				
2				
3				
4				
1.3.2 Class/es of beneficiaries (e.g.	unit holders, family members of	named person, charitable organisations/causes)		
If there are more beneficiaries provi	ide details on a separate sheet a	and tick this box \square .		

1.4 Trustee Details

Provide the name & residential/business addresses of ALL of the Trustees below.

Complete a separate Customer ID Form for ONE of these Trustees*.

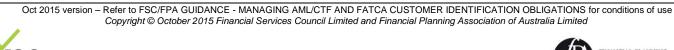
Trustee 1		Truste	Trustee 2		Trustee 3	
Full given name(s)/ Company name		Full given name(s)/ Co	Full given name(s)/ Company name		Full given name(s)/ Company name	
Surname		Surname	Surname		Surname	
Residential/ Business Address (PO Box is NOT acceptable)		Residential/ Business / (PO Box is NOT acceptable)	Residential/ Business Address (PO Box is NOT acceptable)		Residential/ Business Address (PO Box is NOT acceptable)	
Suburb	State	Suburb	State	Suburb	State	
Country	Postcode	Country	Postcode	Country	Postcode	
·	a Trustee who is an	individual or an AUSTRALIA	N COMPANY ID FOR	M for a Trustee that is a	n Australian Company.	
Beneficial Ownership						
y must be listed again b	elow to confirm that	tly or indirectly control* the Tr they are the Trust's Beneficia	al Owners.			
		neans of trusts, agreements, a y to appoint or remove the Tru		tandings and practices; of	or exercising control throug	
		Forms for each of these ind the Beneficial Owner of a T			Form has already been	
Full given name(s) Surname		ne	Role	(such as Trustee or App	ointer)	



If there are more Beneficial Owners, provide details on a separate sheet and tick this box \Box .

SECTION 2: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT)

Jnited States Trust (A trust created in the U	JS, established under the laws of the US or a U	IS taxpayer)
Provide the Trust's US Taxpayer Identificati		
Is the Trust an exempt payee for US tax pur	Yes No No	
If the Trust is an exempt payee, provide its		
If the Trust is a US Trust section 2 is comple	ete, proceed to section 3.	
Financial Institution or Trust with a Truste ourposes or a Trust that has a Trustee that is	· · · · · · · · · · · · · · · · · · ·	s primarily established for custodial or investment
Provide the Trust or Trustee 's Global Intern	mediary Identification Number (GIIN), if applica	ble
If the Trust or the Trustee is a Financial Ins	stitution but does not have a GIIN, provide its F	ATCA status (select ✓ ONE of the following status
☐ Deemed Compliant Financial Institution		· · ·
☐ Excepted Financial Institution		
☐ Exempt Beneficial Owner		
□ Non Reporting IGA Financial Institution		
☐ Nonparticipating Financial Institution		
Other (describe the FATCA status in the land)	box provided)	
•	· · · · ·	
If the Trust is a Financial Institution or has a	a Trustee that is a Financial Institution section.	2 is complete, proceed to section 3.
Australian Registered Charity or Deceased	d Estate	
If the Trust is an Australian Registered Cha	arity or Deceased Estate section 2 is complete,	proceed to section 3.
Other (Trusts that are not US Trusts, Financi	ial Institutions or do not have Financial Institution	on Trustees)
Are any of the Trust beneficiaries, trustees, tax purposes	settlors or beneficial owners US citizens or res	sidents of the US for $_{Yes}\square$ No \square
If the Trustee is a company, are any of this tax purposes	company's beneficial owners US citizens or re-	sidents of the US for Yes No No
	. Addresses are only required if they have not	y, trustee, settlor or beneficial owner who is a US already been provided in this form. If there are m
citizen or resident of the US for tax purposes.	. Addresses are only required if they have not	
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a	. Addresses are only required if they have not additional US persons on a separate sheet.	already been provided in this form. If there are m
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s)	. Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s)	US Person 3 Full given name(s)
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1	. Addresses are only required if they have not additional US persons on a separate sheet. US Person 2	already been provided in this form. If there are m US Person 3
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s)	. Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s)	US Person 3 Full given name(s)
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s) Surname US TIN	Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s) Surname US TIN	US Person 3 Full given name(s) Surname
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s) Surname	Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s) Surname	US Person 3 Full given name(s) Surname
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s) Surname US TIN	Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s) Surname US TIN	US Person 3 Full given name(s) Surname US TIN
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s) Surname US TIN	Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s) Surname US TIN	US Person 3 Full given name(s) Surname US TIN
citizen or resident of the US for tax purposes. the 3 US persons, provide the details of the a US Person 1 Full given name(s) Surname US TIN Residential Address (PO Box is NOT acceptable)	Addresses are only required if they have not additional US persons on a separate sheet. US Person 2 Full given name(s) Surname US TIN Residential Address (PO Box is NOT acceptable)	US Person 3 Full given name(s) Surname US TIN Residential Address (PO Box is NOT acceptable)



If there are more US Persons, provide details on a separate sheet and tick this box \Box .



SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE

Trust Verification procedure
Information to be verified: Full name of the Trust and Settlor/s name

Tick √	Verification options (select one or more of the following options used to verify the Trust)
	An original or certified copy of the Trust Deed or if not reasonably available an original or certified extract of the Trust Deed *. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable).

IMPORTANT NOTE:

- → Ensure that a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND
- → Ensure that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND
- → Either attach a legible certified copy of the documentation used to verify the Trust (and any required translation) OR
- → Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT DETAILS	Document 1		Document 2 (if required)		
Verified From	☐ Original	☐ Certified Copy	☐ Original	☐ Certified Copy	
Document Issuer					
Issue Date					
Expiry Date					
Document Number					
Accredited English Translation	□ N/A	☐ Sighted	□ N/A	☐ Sighted	

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Customer ID Forms have been provided for one of the Trust's Trustees;
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners and
- the FATCA information provided is reasonable considering the documentation provided.

AFS Licensee Name	AFSL No.	
Representative/ Employee Name	Phone No.	
Signature	Date Verification Completed	



^{*} Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.