# **Investor Identification Form**



# Associations

# **Australian Unity Investment Bonds**

The information requested below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML). The information collected will be used to verify your personal details. In accordance with the Anti-Money Laundering laws, if you do not provide the information or if we require additional information to be collected we will contact you for further information and we will:

- · Delay the start of your investment/withdrawal of funds until we are satisfied with the information received, or
- Refund your contribution or refuse to withdraw funds from your investment.

One form is to be completed by each investor or by an adviser on the investor's behalf.

Please phone the Investor Services Team on 1300 1300 38 if you have any questions.

Please PRINT clearly in BLACK or BLUE pen keeping well within the boxes. Use crosses in the boxes marked with an "X".

1A: Association Information				
Full name of association				
Full name of the following (or equivalent in each case):				
Chairman surname				
Chairman first name				
Secretary surname				
Secretary first name				
Treasurer surname				
Treasurer first name				
If foreign company, specify country in which company was formed.				
1B: Type of Association	on			
X Incorporated Associat	ion (Go to step 1C)			
Unincorporated Association (Go to step 1D)				
1C: Incorporated Association				
Complete only one option from this section, go to part A of step 2 once completed.				
Principal place of administration, OR				
Address (not a PO Box)				
Suburb	State			
Postcode	Country of incorporation			

If your country of incorporation or creations is outside of Australia, please complete the 'Beneficial Owner Information Form' on our website, australianunity.com.au/wealth

Registered office, OR					
Address (not a PO Box)					
Suburb		State			
Postcode	Country of incorporation				
Name and residential add	dress of the public officer (or president, secretary or treasurer if there is no public officer).				
Title	X   Mrs   X   Mss   X   Miss   Date of birth   ✓	/			
Surname					
Given name(s)					
Residential address (not a PO Box)					
Suburb		State			
Postcode	Country				
Email					
ID number issued on incorporation					
Are you a US citizen or US tax resident?	If 'Yes', please provide your  Taxpayer Identification Number ('TIN')				
Are you a Politically Exposed Person?	Yes No				
Please identify the source of your investable assets	Gainful employment Inheritance/gift Financial investments				
or wealth:	Business activity Superannuation savings Other – please specify:				
1D: Unincorporated A	ssociation				
Principal place of administration					
Address (not a PO Box)					
Suburb		State			
Postcode	Country				
1E: Individual identifi	cation procedures				
	•				
	e need to collect and verify the KYC information that is required for an individual)  Ill name; and <b>EITHER</b> their date of birth <b>or</b> residential address.				
	A or Part B. (Note: Part B should only be completed if the individual does not own a document from Part	<b>A</b> .)			
If the individual is unab	le to provide the required documents contact our Investor Services Team on 1300 1300 38.				
	tten in a language that is not English, must be accompanied by an English translation prepared by an acc	redited tra	nslatoı	r.	
<ul> <li>Each page of a copied of</li> </ul>	document must be certified as a true copy (Refer to page 3 for details).				
Part A: Initial ID Require	ements (Document must show photo and signature of the person.)				
Select only one option fr	om this section, go to step 2 once completed.				
X Australian State/Territory or foreign current driver's licence showing a photograph.					
Australian passport (must not have expired more than 2 years previously).					
X Card issued under a State or Territory for the purpose of proving a person's age, card must also show a photograph.					
Foreign passport or	similar travel document showing a photograph and containing a signature.				
	rd issued by a foreign government showing a photograph of the person in whose name the card is held.				

Part B: Additional ID Requirements (Two documents required, one from each section)
Select one option from this section.
Australian or foreign birth certificate/extract  Australian or foreign citizenship certificate
Pension card issued by Centrelink  Health card issued by Centrelink
AND one option from this section.
A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and which contains a name and residential address.
A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or from the Commonwealth and which contains a name and residential address.
A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services and contains a valid name and residential address.
If under the age of 18, a notice that:
Was issued by a school principal within the preceding 3 months; and
Contains a valid name and residential address; and
<ul> <li>Records the period of time that the person attended the school; or</li> </ul>
A Medicare card if the child does not attend school.
2. Association Identification Procedures
Part A: Acceptable ID Documents (to verify incorporated association)
Select one of the following options used to verify the association.
X An original, certified copy or certified extract of the Constitution or Rules of the association.
Information provided by ASIC or the government responsible for the incorporation of the association.
Part B: Acceptable ID Documents (to verify unincorporated association)
Select one of the following options used to verify the association.
An original, certified copy or certified extract of the Constitution or Rules of the association.
Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator.
3. Association Declaration
I/We have no reason to suspect that the contribution lodged with the application or any subsequent contributions is or will be derived from or related to any money laundering, terrorism financing or other illegal activities.  I confirm that a Investor Identification for Individuals and Sole Traders form has also been completed for each member listed.  A certified copy of each document is to be attached to this completed form (do not send originals). Each page of a copy must be certified as a true copy. Please sign here confirming that all information being forwarded is correct.  I/We declare that the information provided for meeting FATCA requirements (where applicable) is true and correct and that I/we will provide all necessary co-operation and assistance in order for us to comply with obligations under Australian legislation designed to give effect to the FATCA agreement between Australia and the United States.
Signature Date
$\times$

#### Persons who may certify documents

A certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A judge of a court or a magistrate.
- A chief executive officer of a Commonwealth court.
- A registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A police officer.
- An agent of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- An officer with 2 or more continuous years of service with one or more financial institution (for the purposes of the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

#### The certifier must:



Write the following wording, or similar, on the copy of your documents:

Example, for identity verification documents that contain a <u>photograph</u> of you "I certify that I have seen the original documentation and that the photograph is a true likeness and this copy is a complete and accurate copy of that original."

Example, for other identity verification documents "I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original."



Sign and date each page of the photocopy.



Add their name in block capitals along with their position/ capacity, address and daytime contact telephone number (not a mobile phone). The certifier may be contacted by us.



Add the official stamp of their office, if possible.



### Return by post

(together with any identification documents where relevant)

Australian Unity, Reply Paid 89, Adelaide SA 5001 (no stamp required if mailed in Australia)

If posting from outside of Australia, please send to: Head Office: 114 Albert Road, South Melbourne VIC 3205



Fax 1800 804 890

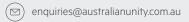
# Contact us





australianunity.com.au/wealth

# **Investor Services**





1300 1300 38 1800 804 890

# **Adviser Services**



investmentbonds@australianunity.com.au



1300 133 285



1800 804 890