

Investor Identification Form

Companies

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. Company Information (Domestic or Registered Foreign Company)

Full company name (as registered with ASIC)	<input type="text"/>											
	<input type="text"/>											
ACN or ARBN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If foreign company, specify country in which company was formed

Registered Office

Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>								
Phone	<input type="text"/>						Mobile	<input type="text"/>						

Principal place of business (if any)

Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>								
Phone	<input type="text"/>						Mobile	<input type="text"/>						

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

1B: Company Information (Unregistered Foreign Company)

Full company name	<input type="text"/>													
	<input type="text"/>													
Country in which company was formed, registered or incorporated	<input type="text"/>													
Is the company registered by a relevant foreign registration body?														
<input type="checkbox"/> Yes	Identification number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> No														

If no, provide the full address of principle place of business in relevant country

Address (not a PO Box)			
Suburb		State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country of incorporation	

Full address of company in relevant country

Address (not a PO Box)			
Suburb		State	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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

1C: Type of Company

- ☒ Public (Go to step 2)
- ☐ Proprietary (Go to step 1D)

1D: Directors Details (only complete if "Proprietary" is selected in Step 1C)

Do not complete if the company is **public** or **listed**.

How many directors are there?

Please provide the full name of each director below.

Director 1

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Other (please specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname			
Given name(s)			
Email			
Are you a US Citizen or US tax resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please provide your Taxpayer Identification Number ('TIN')	
Are you a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please identify the source of your investable assets or wealth	<input type="checkbox"/> Gainful employment	<input type="checkbox"/> Inheritance/gift	<input type="checkbox"/> Financial investments
	<input type="checkbox"/> Business activity	<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Other – please specify: <input type="text"/>

Director 2

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Other (please specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname			
Given name(s)			
Email			
Are you a US Citizen or US tax resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please provide your Taxpayer Identification Number ('TIN')	
Are you a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please identify the source of your investable assets or wealth	<input type="checkbox"/> Gainful employment	<input type="checkbox"/> Inheritance/gift	<input type="checkbox"/> Financial investments
	<input type="checkbox"/> Business activity	<input type="checkbox"/> Superannuation savings	<input type="checkbox"/> Other – please specify: <input type="text"/>

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

1E: Shareholders details (only complete if "Proprietary" is selected in Step 1C)

Do not complete if the company is **public** or **regulated**.

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

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>													
Given name(s)	<input type="text"/>													
Residential address (not a PO Box)	<input type="text"/>													
Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>								
Email	<input type="text"/>													

Shareholder 2

Title	<input checked="" type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Ms	<input checked="" type="checkbox"/> Miss	Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>													
Given name(s)	<input type="text"/>													
Residential address (not a PO Box)	<input type="text"/>													
Suburb	<input type="text"/>										State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>								
Email	<input type="text"/>													

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

2. Company Identification Procedures

Part A: Acceptable ID Documents (Domestic or Registered Foreign Company)

Select one of the following options used to verify the company.

- ☒ 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.
- ☒ A search of the relevant market/exchange.
- ☒ A search of the relevant ASIC database.
- ☒ 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.

3. Company 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.

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

		/			/				
--	--	---	--	--	---	--	--	--	--

X

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 photograph 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.

OFFICE USE ONLY

Document Details

☐

Original Viewed

☐

Certified Copy Viewed

☐

Attached

☐

Not Attached

Information

Document 1

Document 2 (if required)

ID Document Details

Document Issuer

State/Country of Issue

Issued Date

Expiry Date

Document Number

English Translation Required

Sighted

☐

Yes

☐

No

Sighted

☐

Yes

☐

No

Signed by

Date

Policy No.

EV Checked



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



Australian Unity
114 Albert Road, South Melbourne VIC 3205



australianunity.com.au/wealth

Investor Services



enquiries@australianunity.com.au



1300 1300 38



1800 804 890

Adviser Services



investmentbonds@australianunity.com.au



1300 133 285



1800 804 890