

Identification Form - Associations



INSTRUCTIONS

- This form is for ASSOCIATIONS
- Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners, page 4
- Tax information must be collected from an authorised representative of the Association or the United States Internal Revenue Services (IRS) website: <http://www.irs.gov>
- Black or blue pen please.
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on 1300 133451

ISSUER DETAILS

1. Issuer/Fund Name:
2. Security Code:
3. HIN/SRN/Investor Number:

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

Section 1.1: General Information

Full name of Association

Full name of the following (or equivalent in each case)

Full Given Name(s) of officer (if applicable)

Surname

Chairman

Secretary

Treasurer

Section 1.2: Association Type

Select one of the following types of Regulated Trust

Unincorporated Association

Incorporated Association -

Provide any ID number issued on incorporation (e.g. registration/ incorporation number)

Section 1.3: All Associations

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.

Principal place of administration (PO Box is not acceptable). If a principal place of administration is provided go to Section 1.4.

Street

Suburb

State

Postcode

Country

Registered office address (PO Box is not acceptable). If a registered office is provided go to Section 1.4

Street

Suburb

State

Postcode

Country

Name & Residential address of the public officer (or president, secretary or treasurer if there is no public officer) (PO Box is not acceptable).

Full Given Name(s) of officer (if applicable)

Surname

Position

Street

Suburb

State

Postcode

Country

Proceed to Section 1.4.

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

1.4 Beneficial Ownership

Provide the names of the individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
--------------------	---------	------------------------------------------

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

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

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Association a tax resident of a country other than Australia? (An Association created or established under the laws of a country other than Australia)	Yes	No
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----

If Yes, please provide the Association's country of tax residence and tax identification number (TIN) or equivalent below. If the Association is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: ASSOCIATION VERIFICATION PROCEDURE

The procedure to verify the identity of the Association is set out in 2.1 (for incorporated Associations) and 2.2 (for unincorporated Associations).

Section 3.1: Incorporated Association Verification Procedure

Incorporated Association Verification procedure

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

Verification options (select one or more of the following options used to verify the Incorporated Association)

Information provided by ASIC or the government body responsible for the incorporation of the Association.

An original, certified copy or certified extract of the Constitution or Rules of the Association.*

An original, certified copy or certified extract of the minutes of a meeting of the Association.*

SECTION 3: ASSOCIATION VERIFICATION PROCEDURE

Section 3.2: Unincorporated Association Verification Procedure

Unincorporated Association Verification procedure

Information to be verified:

- Full name of the Association

Verification options (use the following to verify the Unincorporated Association)

A search of a relevant government or regulator database (such as ABN lookup).

An original, certified copy or certified extract of the Constitution or Rules of the Association.*

An original, certified copy or certified extract of the minutes of a meeting 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.

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the Association's Beneficial Owners as per 1.4 AND
- Attach a legible certified copy of the ID documentation used to verify the Association and selected member (where applicable), including any required translations 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	Document 1			Document 2 (if required)		
Verified From	Performed search	Original	Certified copy	Performed search	Original	Certified copy
Document Issuer / Website						
Document Type						
Issue date / Search date						
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;
- individual customer ID Forms have been provided for the Association's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date Verification Completed

Identification Form - Individuals

INSTRUCTIONS

- Complete one form for each individual.
- Tax information must be collected from the individual
- Contact your licensee if you have any queries.
- Black or blue pen please
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on 1300 133451

SECTION 1: PERSONAL DETAILS

Full given name(s) Surname Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country TIN If no TIN, list reason A, B or C

2. Country TIN If no TIN, list reason A, B or C

3. Country TIN If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the individual's full name; and EITHER their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your licensee if the individual is unable to provide the required documents.

Part I – Acceptable Primary Photographic Id Documents

Select ONE valid option from this section only

Australian State / Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable Secondary Id Documents

- Should Only Be Completed If The Individual Does Not Own A Document From Part I

Select ONE valid option from this section

Australian birth certificate

Australian citizenship certificate

Pension card issued by Department of Human Services (previously known as Centrelink)

AND ONE valid 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 to the individual and which contains the individual's name and residential address

A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.

A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS

- Should only be completed if the individual does not own a document from Part I

Select ONE valid option from this section only

Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*

National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation)

OR

- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section next and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	Document 1		Document 2 (if required)	
	Original	Certified copy	Original	Certified copy
Verified From				
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 and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date Verification Completed