

**GUIDE TO COMPLETING THIS FORM**

- o This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered 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 TRUST IDENTIFICATION PROCEDURE**

**Section 1.1: General Information**

|  |                      |
|--|----------------------|
| Full name of Trust   | <input type="text"/> |
| Country where trust established (only required if not Australia) | <input type="text"/> |
| Full business name of trustee in respect of the trust (if any)   | <input type="text"/> |

**Section 1.2: Type of Regulated Trust**

| Tick ✓                   | Select one of the following type of Regulated Trust  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Self-Managed Superannuation Fund</b><br>Provide the SMSF's ABN <input type="text"/>   |
| <input type="checkbox"/> | <b>Registered managed investment scheme</b><br>Provide Australian Registered Scheme Number (ARSN) <input type="text"/>   |
| <input type="checkbox"/> | <b>Unregistered managed investment scheme</b> (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)<br>Provide the unregistered managed investment scheme's ABN <input type="text"/>  |
| <input type="checkbox"/> | <b>Government superannuation fund</b><br>Provide name of the legislation establishing the fund <input type="text"/>  |
| <input type="checkbox"/> | <b>Other regulated Trust</b> (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)<br>Provide name of the regulator (e.g. ASIC, APRA, ATO) <input type="text"/><br>Provide the Trust's ABN or registration/licensing details <input type="text"/> |

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the **UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM**, rather than this form.

**SECTION 2: TRUSTEE IDENTIFICATION PROCEDURE (Please complete EITHER section 2.1 OR section 2.2)**

For Australian Regulated Trusts, identification information is required for one of the Trustees. This information is only required for one Trustee, even if the Trust has a number of Trustees. Please provide identification information for either an individual Trustee (section 2.1) or a corporate Trustee (section 2.2).

**Section 2.1: Individual Trustee (To be completed if the selected Trustee is an individual)**

|   |                      |                            |
|---|----------------------|----------------------------|
| Full given name(s)                                    | Surname              | Date of Birth (dd/mm/yyyy) |
| <input type="text"/>                                  | <input type="text"/> | <input type="text"/>       |
| Residential Address (PO Box is <u>not</u> acceptable) |                      |                            |
| Street  | <input type="text"/> |                            |
| Suburb  | State                | Postcode                   |
| <input type="text"/>                                  | <input type="text"/> | <input type="text"/>       |
| Country   | <input type="text"/> |                            |

**OR**

**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

Registered Office Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

Principal Place of Business (if any) (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

### 2.2.2 Company Type (Select one of the following company types)

- Public** (companies whose name does NOT include the word Pty or proprietary; generally 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 proprietary companies, not required for public companies as per 2.2.2)

Provide the names of all directors.

Full given name(s)

1

2

3

4

Surname





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

## SECTION 3: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common 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 Tax 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 Trustee's GIIN)
- Nonparticipating Financial Institution
- Other (describe the Trust's FATCA status in the box provided)

**SECTION 4: REGULATED TRUST VERIFICATION PROCEDURE***Regulated Trust Verification procedure:**Information to be verified:*

- o Full name of the Trust*
- o That the Trust is a Self-Managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable*

| Tick ✓                   | Verification options (select one of the following options used to verify the Trust)   |
|--------------------------|---|
| <input type="checkbox"/> | Perform a search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au).        |
| <input type="checkbox"/> | A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement)                   |
| <input type="checkbox"/> | A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website |

**IMPORTANT NOTE:**

- **Attach a legible certified copy of the ID documentation used to verify the Trust 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 5: RECORD OF VERIFICATION PROCEDURE**

| ID DOCUMENT                    | Document 1  | Document 2  |
|--------------------------------|---|---|
| Verified From                  | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy |
| Document Issuer / Website      |   |   |
| Document Type / Search details |   |   |
| Issue date / Search date       |   |   |

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