



**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		Trustee 2		Trustee 3	
Full given name(s)/ Company name <input type="text"/>		Full given name(s)/ Company name <input type="text"/>		Full given name(s)/ Company name <input type="text"/>	
Surname <input type="text"/>		Surname <input type="text"/>		Surname <input type="text"/>	
Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>		Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>		Residential/ Business Address <small>(PO Box is NOT acceptable)</small> <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/>	Suburb <input type="text"/>	State <input type="text"/>	Suburb <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>	Postcode <input type="text"/>

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

\*A Customer ID form should be completed for ONE of the Trustees based on the nature of this Trustee. For example, an INDIVIDUAL ID FORM should be completed for a Trustee who is an individual or an AUSTRALIAN COMPANY ID FORM for a Trustee that is an Australian Company.

**1.5 Beneficial Ownership**

Provide the names of the individuals that directly or indirectly control\* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

\* includes control by acting as Trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

**Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).**

Full given name(s)	Surname	Role (such as Trustee or Appointer)
<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"/>

**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).

**2.1 Tax Status**

Tick  **one of the Tax Status boxes below** (if the Trust is a Financial Institution, please provide all the requested information below)

**Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)

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 status)

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

US Financial Institution

Other (describe the Trust's FATCA status in the box provided)

**PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS**

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes  No

If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

**Australian Registered Charity or Deceased Estate**

If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to section 3 to complete the form.

**A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

**Other** (Trusts that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Controlling Persons).

**2.2 Foreign Controlling Persons (Individuals)**

Are any of the Trust's Controlling Persons tax residents of countries other than Australia

Yes  No

If the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia

Yes  No

\* A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all Trustees, Settlers, Protectors or Beneficiaries. For a Trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or Senior Managing Officials.

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.

If Yes to either of the two questions above, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as a Beneficial Owner).

Full given name(s)	Surname	Role (such as Trustee or Beneficiary, etc. refer * below)
<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 there are more controlling persons, provide details on a separate sheet and tick this box.

Proceed to section 2.3.

**2.3 Country of Tax Residency**

Is the Trust a tax resident of a country other than Australia? Yes  No

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

If No, please proceed to section 3 to complete the form.

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 Employee Identification 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	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

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 Trust has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE**

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

Tick <input checked="" type="checkbox"/>	Verification options (select one or more of the following options used to verify the Trust)
<input type="checkbox"/>	An original or certified copy of the Trust Deed <b>or if not reasonably available</b> 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).

\* 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 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	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer	<input type="text"/>	<input type="text"/>
Issue Date	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>
Document Number	<input type="text"/>	<input type="text"/>
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> 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 tax information provided is reasonable considering the documentation provided.

AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>
Representative/ Employee Name	<input type="text"/>	Phone No.	<input type="text"/>
Signature	<input type="text"/>	Date Verification Completed	<input type="text"/>