

To comply with our obligations under the *Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006*, Advance customers must now complete a Customer Identification Form in addition to the application form.

This Customer Identification Form is to be completed for product applications relating to associations only. Customer identification forms for other entity types can be downloaded from [advance.com.au](http://advance.com.au) or can be obtained from Advance Contact Centre on **1800 819 935**.

Please follow the instructions provided.

**Applications received without a completed Customer Identification Form and any necessary supporting documentation, from customers who are required to be identified, cannot be processed.**

### INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE CUSTOMER IDENTIFICATION FORM

#### WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

If you are an association investing in a new Advance product.

#### IMPORTANT INFORMATION FOR INVESTORS

- If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.
- If you are lodging your product application form as a **direct investor** (without a financial adviser), you will need to complete **Sections 1 and 3** of the Customer Identification Form only, and attach certified copies of your identity document(s) (where required). Please use the **checklist** provided below.

#### CHECKLIST FOR DIRECT INVESTOR

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the **checklist** below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This **checklist** section of this form is provided for your records and is not required by Advance to process your application.

- Complete **all** applicable fields in **Sections 1 and 3** of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to Advance:
  - completed Customer Identification Form
  - certified copies of your identification document(s) (where required),
  - and
  - product application form (except online applications) with any applicable documentation.

#### IMPORTANT INFORMATION FOR FINANCIAL ADVISERS

Advance will also accept identification from a correctly completed Financial Services Council/Financial Planning Association (FSC/FPA) identification form.

When using this Customer Identification Form, please complete **all Sections**.

#### HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

**I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].**

<b>WHO CAN CERTIFY COPIES OF DOCUMENTS</b>	
Legal	<ul style="list-style-type: none"> <li>• a solicitor or barrister (that is, 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))</li> <li>• a judge of a court</li> <li>• a magistrate</li> <li>• a chief executive officer of a Commonwealth court</li> <li>• a registrar or deputy registrar of a court</li> <li>• a notary public</li> </ul>
JP	<ul style="list-style-type: none"> <li>• a Justice of the Peace</li> </ul>
Police	<ul style="list-style-type: none"> <li>• a police officer</li> </ul>
Accountant	<ul style="list-style-type: none"> <li>• a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership</li> </ul>
Post office	<ul style="list-style-type: none"> <li>• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> <li>• a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public</li> </ul>
Diplomatic service	<ul style="list-style-type: none"> <li>• an Australian consular officer</li> <li>• an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>)</li> </ul>
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> <li>• an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)</li> <li>• a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>)</li> <li>• an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.</li> </ul>

**INSTRUCTIONS**

- Complete the following sections of this form using **black pen** – print in clear **CAPITAL LETTERS**.
  - Section 1 (all parts) – all Associations
  - and** for Unincorporated Associations complete the following section:
    - Section 2 – Individual Member ID procedure.
- Only send the **completed sections** of this form with the application form.
- Contact Advance Contact Centre on **1800 819 935** if you are unsure about any aspect of this form.

**SECTION 1: ASSOCIATION INFORMATION**

**SECTION 1A: ASSOCIATION DETAILS**

**1.1 GENERAL INFORMATION**

Full name of Association

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

**Chairman:**

Full given name(s) of officer (if applicable)

Surname

**Secretary:**

Full given name(s) of officer (if applicable)

Surname

**Treasurer:**

Full given name(s) of officer (if applicable)

Surname

Provide an ID number issued on incorporation (eg an ACN) (if any)

**1.2 ASSOCIATION TYPE**

Select  only **one** of the following categories.

Incorporated Association **➔ Go to Section 1.3 below**

Unincorporated Association **➔ Go to Section 1.4 below**

**1.3 INCORPORATED ASSOCIATION**

Complete only **one** of the following categories.

**1 PRINCIPAL PLACE OF ADMINISTRATION**

Address (PO Box is **not** acceptable)  
  
  
 State  Postcode  
 Country, if not Australia

**➔ Go to Section 1B. You do not need to complete Section 1.4**

**2 REGISTERED OFFICE**

Address (PO Box is **not** acceptable)  
  
  
 State  Postcode  
 Country, if not Australia

**➔ Go to Section 1B. You do not need to complete Section 1.4**

**3 NAME AND RESIDENTIAL ADDRESS OF THE PUBLIC OFFICER (or president, secretary or treasurer if there is no public officer)**

Full given name(s) of officer (if applicable)

Surname

Position

Address (PO Box is **not** acceptable)  
  
  
 State  Postcode  
 Country, if not Australia

**➔ Go to Section 1B. You do not need to complete Section 1.4**

**1.4 UNINCORPORATED ASSOCIATION**

Principal place of administration (PO Box is **not** acceptable)  
  
  
 State  Postcode

**➔ Go to Section 1B**

### SECTION 1B: ASSOCIATION VERIFICATION PROCEDURE

- Complete the choices below to confirm what document you are sending us.
- Contact us if you are unable to provide the required document.
- **If instructed to provide certified copies of documents,** please refer to the 'How to certify your documents' section for information on how to do this.

<b>Cross X</b>	<b>Verification options: Select one or more of the following options used to verify the Incorporated Association</b>
<input type="checkbox"/>	Information provided by ASIC or the government responsible for the incorporation of the association.
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association.

<b>Cross X</b>	<b>Verification options: Use the following to verify the Unincorporated Association</b>
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association.

\* Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

### SECTION 2: FINANCIAL ADVISER USE ONLY

- **Option 1** – Financial advisers can complete Section 2 as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 1B of this form. Enclose the completed verification procedure with your client's product application form and mail to Advance. **This method is preferred by Advance.**

**OR**

- **Option 2** – Financial advisers can send Advance copies of the documents received from the client with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 1B of this form.

### SECTION 2A: RECORD OF VERIFICATION PROCEDURE

Verify the following:

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

ID DOCUMENT DETAILS	Document 1
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer/website	
Issue/search date (dd/mm/yyyy)	
Accredited English translation	<input type="checkbox"/> n/a <input type="checkbox"/> Sighted

ID DOCUMENT DETAILS	Document 2
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer/website	
Issue/search date (dd/mm/yyyy)	
Accredited English translation	<input type="checkbox"/> n/a <input type="checkbox"/> Sighted

### SECTION 2B: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)

	/		/				
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Financial Adviser's name

AFS licensee name

AFSL number

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Phone number

{		}
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### SECTION 3: MEMBER INFORMATION

#### SECTION 3A: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (UNINCORPORATED ASSOCIATION ONLY)

Name and residential address of the member who is signing on behalf of the Association.

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

	/		/				
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Residential address (PO Box is **not** acceptable)

State	Postcode

#### SECTION 3B: INDIVIDUAL MEMBER VERIFICATION PROCEDURE (UNINCORPORATED ASSOCIATION ONLY)

Please send us certified copies of documents that show the member's full name and **either** their date of birth **or** residential address.

- Complete Part A to tell us what documents you are sending us.
- If you cannot send us a certified copy of a document from Part A, then complete either Part B or C.
- Contact us if you are unable to provide the required documents in Parts A, B or C.
- **Do not send original documents, only certified copies.** Please refer to the 'How to certify documents' section for more information.

**PART A – ACCEPTABLE PRIMARY ID DOCUMENTS**

<b>Cross x</b>	<b>Select ONE valid option from this selection</b>
<input type="checkbox"/>	Australian state/territory driver’s licence containing a photograph of the person.
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Card issued under a state or territory for the purpose of proving a person’s age containing a photograph of the person.
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person.*

**PART B – ACCEPTABLE SECONDARY ID DOCUMENTS**  
Should only be completed if the individual does not own a document from Part A

<b>Cross x</b>	<b>Select ONE valid option from this section</b>
<input type="checkbox"/>	Australian birth certificate.
<input type="checkbox"/>	Australian citizenship certificate.
<input type="checkbox"/>	Pension card issued by Centrelink.
<input type="checkbox"/>	Health card issued by Centrelink.
<b>Cross x</b>	<b>AND ONE valid option from this section</b>
<input type="checkbox"/>	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.
<input type="checkbox"/>	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. <b>Block out the TFN before scanning, copying or storing this document.</b>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding three 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).

**PART C – ACCEPTABLE FOREIGN ID DOCUMENTS**  
Should only be completed if the individual does not own a document from Part A

<b>Cross x</b>	<b>BOTH documents from this section must be presented</b>
<input type="checkbox"/>	Foreign driver’s licence that contains a photograph of the person in whose name it is issued and the individual’s date of birth.*
<input type="checkbox"/>	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 written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

**SECTION 4: FINANCIAL ADVISER USE ONLY**

- **Option 1** – Financial advisers can complete Section 4 as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 3B of this form. Enclose the completed verification procedure with your client’s product application form and mail to Advance. **This method is preferred by Advance.**

**OR**

- **Option 2** – Financial advisers can send Advance copies of the documents received from the client with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 3B of this form.

**SECTION 4A: RECORD OF VERIFICATION PROCEDURE**

**Important:**

- verify the **individual’s** full name; and **either** their date of birth **or** residential address.

<b>ID DOCUMENT DETAILS</b>	<b>Document 1</b>	
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy
Document issuer		
Issue/date (dd/mm/yyyy)		
Expiry date (dd/mm/yyyy)		
Document number		
Accredited English translation	<input type="checkbox"/> n/a	<input type="checkbox"/> Sighted
<b>ID DOCUMENT DETAILS</b>	<b>Document 2</b>	
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy
Document issuer		
Issue/date (dd/mm/yyyy)		
Expiry date (dd/mm/yyyy)		
Document number		
Accredited English translation	<input type="checkbox"/> n/a	<input type="checkbox"/> Sighted

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