

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.

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 domestic and foreign companies only. Customer Identification Forms for other entity types can be downloaded from **advance.com.au** or can be obtained from our Customer Relations team 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.

PLEASE NOTE THIS FORM CANNOT BE FAXED OR EMAILED.

Who should complete this Customer Identification Form

If you are an Australian or foreign company 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 **Section 1 or 2** of the Customer Identification Form only, and attach certified copies of your identity document(s). 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 **Section 1 or 2** 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 with any applicable documentation.

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].

Who can certify copies of documents

1. 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)
2. A judge of a court
3. A magistrate
4. A chief executive officer of a Commonwealth court
5. A registrar or deputy registrar of a court
6. A Justice of the Peace
7. A notary public
8. A Police Officer
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. A permanent employee 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
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the *Consular Fees Act 1955*)
12. A bank or building society officer with 2 or more years continuous years of service (includes acceptable international bank)
13. A finance company officer with 2 or more continuous years of service (includes acceptable international bank)
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licenses
15. A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants.
16. A Commissioner for Declarations
17. A Commissioner for Affidavits



Important information for financial advisers

When using this Customer Identification Form, please complete **Sections 1 or 2 and 3**.

INSTRUCTIONS

> Complete all parts of one of the following:

- Australian companies – Section 1
- Foreign companies – Section 2

1: AUSTRALIAN COMPANIES

To be completed if company is an Australian company.

1A: COMPANY DETAILS

1.1 General information

Full name as registered by ASIC

Business/Trading as name(s) (if any)

Australian Company Number (ACN)

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Registered office address (PO Box is **not** acceptable)

State	Postcode

Principal place of business (PO Box is **not** acceptable)

State	Postcode

Industry

Is the Company a tax resident of any other country outside of Australia?

- No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

- Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

- Reason 1 Reason 2 Reason 3

1.2 Regulatory/listing details

Cross X	Select the following categories which apply to the company and provide the information requested.	
<input type="checkbox"/>	Regulated company (licensed by an Australian Commonwealth, state or territory statutory regulator)	Regulator name
		Licence details
<input type="checkbox"/>	Australian listed company	Name of market/exchange
<input type="checkbox"/>	Majority-owned subsidiary of an Australian listed company	Australian listed company name
		Name of market/exchange
<input type="checkbox"/>	Majority-owned subsidiary of a foreign listed company	Foreign listed company name
		Name of foreign market/exchange
		Country of jurisdiction of market/exchange

1.3 Company type

Cross X	Select ONE only of the following categories.	
<input type="checkbox"/>	Public	➤ Go to Section 1.B
<input type="checkbox"/>	Proprietary	➤ Go to Section 1.4 below

1.4 Directors

> To be completed for proprietary companies.
> This section does **not** need to be completed for public and listed companies.

How many directors are there?

Provide full name of each director below:

1	Full given name(s)
	Surname
2	Full given name(s)
	Surname
3	Full given name(s)
	Surname
4	Full given name(s)
	Surname

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

- If the company is a regulated company (see selected in Section 1.2 above), go to Section 1B
- For all other proprietary companies continue to Section 1.5 below



1.5 Beneficial Ownership

1.5A Shareholder Beneficial Owner

Provide details of all individuals who ultimately own 25% or more of the company's issued capital (through direct or indirect shareholdings).

1 SHAREHOLDER 1

Form for Shareholder 1: Full given name(s), Surname, Alternate name(s) (if any), Date of birth, Residential address (PO Box is not acceptable), State, Postcode, Country, if not Australia, Occupation, Employment Type (Full time, Part time, Casual, Self employed, Temporary, Retired, Student, Social security recipient, Dependent contractor, Independent contractor, Unemployed, Other (home duties/work compensation/etc.))

Is Shareholder 1 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

2 SHAREHOLDER 2

Form for Shareholder 2: Full given name(s), Surname, Alternate name(s) (if any), Date of birth, Residential address (PO Box is not acceptable), State, Postcode, Country, if not Australia, Occupation, Employment Type (Full time, Part time, Casual, Self employed, Temporary, Retired, Student, Social security recipient, Dependent contractor, Independent contractor, Unemployed, Other (home duties/work compensation/etc.))

Form for Shareholder 1 (Occupation and Employment Type): Occupation, Employment Type (Full time, Part time, Casual, Self employed, Temporary, Retired, Student, Social security recipient, Dependent contractor, Independent contractor, Unemployed, Other (home duties/work compensation/etc.))

Is Shareholder 2 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

3 SHAREHOLDER 3

Form for Shareholder 3: Full given name(s), Surname, Alternate name(s) (if any), Date of birth, Residential address (PO Box is not acceptable), State, Postcode, Country, if not Australia, Occupation, Employment Type (Full time, Part time, Casual, Self employed, Temporary, Retired, Student, Social security recipient, Dependent contractor, Independent contractor, Unemployed, Other (home duties/work compensation/etc.))

Is Shareholder 3 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency



Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3

4 SHAREHOLDER 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

- Full time Part time Casual
- Self employed Temporary Retired
- Student Social security recipient
- Dependent contractor Independent contractor
- Unemployed Other (home duties/work compensation/etc.)

Is Shareholder 4 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3

1.5B Other beneficial owners or controlling parties

If there are no individuals who meet the requirement of 1.5A, provide the names of the individuals who directly or indirectly control* the company.

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

BENEFICIAL OWNER

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

- Full time Part time Casual
- Self employed Temporary Retired
- Student Social security recipient
- Dependent contractor Independent contractor
- Unemployed Other (home duties/work compensation/etc.)

Is the Beneficial Owner a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason
(see reason above)

Reason 1 Reason 2 Reason 3



1B: VERIFICATION PROCEDURE – AUSTRALIAN COMPANY

Company type	Verification Required
Australian public listed company	A or D
Majority owned subsidiary of a Australian listed public company	either B or D; and E
Regulated Australian public/proprietary company	C
Majority owned subsidiary of a foreign public listed company	B or D or F; and B or D; and A
Australian public/proprietary company other than the above	B or D or F

Verification options	
A	Perform a search of the relevant market/exchange.
B	Perform a search of the relevant ASIC database.
C	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.
D	A public document issued by the relevant company within the last 12 months (e.g. audited annual accounts)
E	The parent company's listing status must be verified from a search of the relevant Australian stock exchange.
F	If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC

1C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE

For each of the Beneficial Owner shareholders and other Beneficial Owners specified in section 1.5 Beneficial Ownership please send us certified copies which show the beneficial owners full name, date of birth and residential address.

- > Send certified copies of one document from Part A.
- > If you cannot send us a certified document from Part A, then you must select ONE document from Part B AND ONE document from Part C.
- > Contact us if you are unable to provide a document from Part A or from Part B and Part C.
- > **Do not send original documents, only certified copies.** Please refer to 'How to certify your documents' section for more information.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Cross X	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Certified copy of a 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"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*
<input type="checkbox"/>	Foreign driver's licence/permit that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person*

OR

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

Should only be completed if you do not send a certified copy of a document from Part A or Part C

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Certified copy of an Australian birth certificate
<input type="checkbox"/>	Certified copy of an Australian citizenship certificate
<input type="checkbox"/>	Certified copy of a Pension card issued by Centrelink
<input type="checkbox"/>	Certified copy of a Health card issued by Centrelink
<input type="checkbox"/>	Foreign birth certificate issued by a foreign government, the United Nations or an agency of the United Nations*
<input type="checkbox"/>	Citizenship certificate issued by a foreign government*

AND

Cross X	ONE valid option from this section
<input type="checkbox"/>	Certified copy of 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"/>	Certified copy of 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.
<input type="checkbox"/>	Certified copy of 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).
<input type="checkbox"/>	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.
<input type="checkbox"/>	Foreign driver's licence which does not contain a photograph
<input type="checkbox"/>	Department of Veterans' Affairs pension concession card (Australian)
<input type="checkbox"/>	A current tenancy/lease agreement (must not be cancelled or expired)
<input type="checkbox"/>	Medicare card
<input type="checkbox"/>	Australian Marriage certificate issued by State/Territory Registry of Births, Deaths and Marriages
<input type="checkbox"/>	Identification card issued to a student at an Australian higher education institution (TAFE or University) which contains a photograph and signature
<input type="checkbox"/>	A current card issued under a Commonwealth, State, or Territory law for the purpose of identification, for a government service, or as a licence



1D: SOURCE OF FUNDS/WEALTH (MUST COMPLETE)

PART A – SOURCE OF FUNDS

<input type="checkbox"/> Commission	<input type="checkbox"/> Bonus
<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Business profits
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Corporate investments earnings
<input type="checkbox"/> Rental income	<input type="checkbox"/> Superannuation/Pension
<input type="checkbox"/> Loan	<input type="checkbox"/> Insurance payment
<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Sale of assets
<input type="checkbox"/> Liquidation of assets	<input type="checkbox"/> Mergers and acquisitions
<input type="checkbox"/> Controlled money account	<input type="checkbox"/> Gift/Donation
<input type="checkbox"/> Tax refund	
<input type="checkbox"/> Additional source (provide source)	
<input type="text"/>	

AND

PART B – PRIMARY SOURCE OF WEALTH

<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Business profits
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Corporate investment/earnings
<input type="checkbox"/> Rental income	<input type="checkbox"/> Insurance payment
<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Owns real estate/property
<input type="checkbox"/> Sale of assets	<input type="checkbox"/> Liquidation of assets
<input type="checkbox"/> Merges and acquisitions	<input type="checkbox"/> Controlled money account
<input type="checkbox"/> Gift/Donation	
<input type="checkbox"/> Additional source (provide source)	
<input type="text"/>	

2: FOREIGN COMPANIES

To be completed if company is a foreign company.

2A: COMPANY DETAILS

2.1 General information

Full name of foreign company

Business, trading or other name(s) other than the name above (if any)

Country of formation/incorporation/registration

Select [**X**] if registered by a foreign body and provide name of body

Industry

2.2 Is the foreign company registered with ASIC?

Select [**X**] **ONE** of the following

<input type="checkbox"/> Yes	Provide ARBN <input type="text"/> Provide either (cross one box): <input type="checkbox"/> principal place of business address in Australia <div style="background-color: #cccccc; text-align: center; padding: 2px;">OR</div> <input type="checkbox"/> local agent name and address details. Address (PO Box is not acceptable) <input type="text"/> <input type="text"/> State Postcode Country, if not Australia <input type="text"/>
<input type="checkbox"/> No	Provide company identification number (if any) issued by the foreign registration body <input type="text"/> Principal place of business in the company's country of formation or incorporation (PO Box is not acceptable) <input type="text"/> <input type="text"/> State Postcode Country, if not Australia <input type="text"/>

Is the Foreign Company a tax resident of any other country outside of Australia?

No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3



2.3 Registered address of company

- > Provide the registered address as registered with ASIC.
- > If the company is **not** registered with ASIC, provide the registered address in the country of formation, incorporation (if any).

Registered office address (PO Box is **not** acceptable)

State	Postcode

2.4 Regulatory/Listing details

Cross X	Select the following categories that apply to the company and provide the information requested.	
<input type="checkbox"/>	Regulated company <i>(licensed by an Australian Commonwealth, state or territory statutory regulator)</i>	Regulator name Licence details
<input type="checkbox"/>	Listed on a major financial market	Name of market/exchange
<input type="checkbox"/>	Majority-owned subsidiary of an Australian listed company	Australian listed company name Name of market/exchange
<input type="checkbox"/>	Majority-owned subsidiary of a foreign listed company	Foreign listed company name Name of foreign market/exchange Country of jurisdiction of market/exchange

2.5 Company type

Cross X	Select ONE only of the following categories and provide any information requested.	
<input type="checkbox"/>	Public	➤ Go to Section 2.6 below
<input type="checkbox"/>	Private/Proprietary	➤ Go to Section 2.6 below
<input type="checkbox"/>	Other	➤ Go to Section 2.6 below

2.6 Directors

Complete for all companies other than public or listed companies.

How many directors are there?

Provide full name of each director below:

1	Full given name(s)
Surname	

2	Full given name(s)
Surname	

3	Full given name(s)
Surname	

4	Full given name(s)
Surname	

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

- If the company is a regulated company (as selected in Section 2.4 above), go to Section 2B
- For all other private, proprietary or other companies continue to Section 2.7 below

2.7 Beneficial Ownership

2.7A Shareholder Beneficial Owner

To be completed for all companies which are not Public Listed companies, majority owned by an Australian Public Listed company or companies (Regulated).

Provide details of all individuals who are beneficial owners through one or more shareholdings of 25% or more of the company's issued capital.

1	SHAREHOLDER 1	
Full given name(s)		
Surname		
Alternate name(s) (if any)		
Date of birth		
Residential address (PO Box is not acceptable)		
		State Postcode
Country, if not Australia		
Occupation		
Employment Type		
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual
<input type="checkbox"/> Self employed	<input type="checkbox"/> Temporary	<input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Social security recipient	
<input type="checkbox"/> Dependent contractor	<input type="checkbox"/> Independent contractor	
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (home duties/work compensation/etc.)	



Is Shareholder 1 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

2 SHAREHOLDER 2

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

Full time Part time Casual
 Self employed Temporary Retired
 Student Social security recipient
 Dependent contractor Independent contractor
 Unemployed Other (home duties/work compensation/etc.)

Is Shareholder 2 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

3 SHAREHOLDER 3

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

Full time Part time Casual
 Self employed Temporary Retired
 Student Social security recipient
 Dependent contractor Independent contractor
 Unemployed Other (home duties/work compensation/etc.)

Is Shareholder 3 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3



4 SHAREHOLDER 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

Full time Part time Casual

Self employed Temporary Retired

Student Social security recipient

Dependent contractor Independent contractor

Unemployed Other (home duties/work compensation/etc.)

Is Shareholder 4 a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

2.7B Other beneficial owners or controlling parties

To be completed for all companies which are not Public Listed companies, majority owned by an Australian Public Listed company or companies (Regulated).

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf).

BENEFICIAL OWNER

Full given name(s)

Surname

Alternate name(s) (if any)

Date of birth

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

State Postcode

Country, if not Australia

Occupation

Employment Type

Full time Part time Casual

Self employed Temporary Retired

Student Social security recipient

Dependent contractor Independent contractor

Unemployed Other (home duties/work compensation/etc.)

Is the Beneficial Owner a tax resident of any other country outside of Australia?
 No Yes

If yes, please refer to section Foreign Tax Residency Information for further information.

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3

Country of Tax Residency

Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)

Reason 1 Reason 2 Reason 3



2B: VERIFICATION PROCEDURE – FOREIGN COMPANY

PART A – ACCEPTABLE ID DOCUMENTS*

For a foreign company registered with ASIC

Company Type	Verification Required
Regulated registered foreign company	A
Majority owned subsidiary of an Australian listed public company	D and E
Registered foreign listed public company	B and C and E
Majority owned subsidiary of a foreign listed public company	B and C and D and E
Foreign public/proprietary company other than the above	B and C

Verification options	
A	Search of the relevant licence or other records of the Commonwealth, State or Territory statutory regulator (e.g. APRA or ASIC search)
B	Information relating to the details registered with ASIC must be verified from at least ONE of the following: <ul style="list-style-type: none"> ASIC search ASIC certificate of registration, or A public document issued by the company within the last 12 months (e.g. audited annual accounts)
C	Information relating to registration outside of Australia must be verified from at least ONE of the following: <ul style="list-style-type: none"> Search of the relevant foreign registration (incorporation/formation) body, or Certificate of registration issued by the relevant foreign registration body, or A public document issued by the company within the last 12 months (e.g. audited annual accounts)
D	The company's status as a majority owned subsidiary must be verified from at least ONE of the following: <ul style="list-style-type: none"> A public document issued by the relevant company within the last 12 months (e.g. audited annual accounts), or ASIC search if registered, or Search of the relevant foreign registration body if unregistered
E	Company/Parent's listing status must be verified from a search of the relevant approved domestic/foreign stock exchange

OR

PART B – ACCEPTABLE ID DOCUMENTS* OR A FOREIGN COMPANY NOT REGISTERED WITH ASIC

Company type	Verification Required
Majority owned subsidiary of an Australian listed public company	B and C
Unregistered foreign listed public company	A and C
Majority owned subsidiary of a foreign listed public company	A and B and C
Foreign public/proprietary company other than the above	A

Verification options

A	Information relating to registration outside of Australia must be verified from at least ONE of the following: <ul style="list-style-type: none"> Search of the relevant foreign registration (incorporation/formation) body, or Certificate of registration issued by the relevant foreign registration body, or A public document issued by the company within the last 12 months (e.g. audited annual accounts)
B	The company's status as a majority owned subsidiary must be verified from at least ONE of the following: <ul style="list-style-type: none"> A public document issued by the relevant company within the last 12 months (e.g. audited annual accounts), or ASIC search if registered, or Search of the relevant foreign registration body if unregistered
C	Company/Parent's listing status must be verified from a search of the relevant approved domestic/foreign stock exchange

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

2C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE

For each of the Beneficial Owner shareholders and other Beneficial Owners specified in section 2.7 Beneficial Ownership please send us certified copies which show the beneficial owners full name, date of birth and residential address.

- > Send certified copies of one document from Part A.
- > If you cannot send us a certified document from Part A, then you must select ONE document from Part B AND ONE document from Part C.
- > Contact us if you are unable to provide a document from Part A or from Part B and Part C.
- > **Do not send original documents, only certified copies.** Please refer to 'How to certify your documents' section for more information.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Cross X	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of an Australian State/Territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Certified copy of an Australian passport (a passport that has expired within the preceding two years is acceptable).
<input type="checkbox"/>	Certified copy of a 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"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature of the person.*
<input type="checkbox"/>	Foreign driver's licence/permit that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person*

OR

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

Should only be completed if you do not send a certified copy of a document from Part A or Part C

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Certified copy of an Australian birth certificate
<input type="checkbox"/>	Certified copy of an Australian citizenship certificate
<input type="checkbox"/>	Certified copy of a Pension card issued by Centrelink



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<input type="checkbox"/>	Certified copy of a Health card issued by Centrelink
<input type="checkbox"/>	Foreign birth certificate issued by a foreign government, the United Nations or an agency of the United Nations*
<input type="checkbox"/>	Citizenship certificate issued by a foreign government*

AND

Cross X	ONE valid option from this section
<input type="checkbox"/>	Certified copy of 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"/>	Certified copy of 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.
<input type="checkbox"/>	Certified copy of 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).
<input type="checkbox"/>	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.
<input type="checkbox"/>	Foreign driver's licence which does not contain a photograph
<input type="checkbox"/>	Department of Veterans' Affairs pension concession card (Australian)
<input type="checkbox"/>	A current tenancy/lease agreement (must not be cancelled or expired)
<input type="checkbox"/>	Medicare card
<input type="checkbox"/>	Australian Marriage certificate issued by State/Territory Registry of Births, Deaths and Marriages
<input type="checkbox"/>	Identification card issued to a student at an Australian higher education institution (TAFE or University) which contains a photograph and signature
<input type="checkbox"/>	A current card issued under a Commonwealth, State, or Territory law for the purpose of identification, for a government service, or as a licence

2D: SOURCE OF FUNDS/WEALTH (MUST COMPLETE)

PART A – SOURCE OF FUNDS	
<input type="checkbox"/> Commission	<input type="checkbox"/> Bonus
<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Business profits
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Corporate investments earnings
<input type="checkbox"/> Rental income	<input type="checkbox"/> Superannuation/Pension
<input type="checkbox"/> Loan	<input type="checkbox"/> Insurance payment
<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Sale of assets
<input type="checkbox"/> Liquidation of assets	<input type="checkbox"/> Mergers and acquisitions
<input type="checkbox"/> Controlled money account	<input type="checkbox"/> Gift/Donation
<input type="checkbox"/> Tax refund	
<input type="checkbox"/> Additional source (provide source)	
<input type="text"/>	

AND

PART B – PRIMARY SOURCE OF WEALTH

<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Business profits
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Corporate investment/earnings
<input type="checkbox"/> Rental income	<input type="checkbox"/> Insurance payment
<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Owns real estate/property
<input type="checkbox"/> Sale of assets	<input type="checkbox"/> Liquidation of assets
<input type="checkbox"/> Merges and acquisitions	<input type="checkbox"/> Controlled money account
<input type="checkbox"/> Gift/Donation	
<input type="checkbox"/> Additional source (provide source)	
<input type="text"/>	

3A: FINANCIAL ADVISER USE ONLY

- > **Option 1** – Financial advisers can complete Section 3B as outlined below. Please ensure that you indicate which document(s) you have sighted or which search was performed as set out in Section 1B or Section 2B 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 or Section 2B of this form.

3B: RECORD OF VERIFICATION PROCEDURES

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



3C: 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

--	--	--	--	--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOREIGN TAX RESIDENCY INFORMATION

If the Individual or Entity is a tax resident of any other country outside of Australia, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN).

If a 'TIN' is not available, please specify one of the following reasons against the appropriate country:

Reason 1: Foreign TIN not issued by this country

Reason 2: Individual is under age (applies to individuals only)

Reason 3: Foreign TIN pending issue by the country's tax authority

* A Foreign TIN is an identifying number or equivalent issued by the Individual or Entity country of tax residency that is used for tax purposes.

Note: If the Individual or Entity has more than 2 countries in which they are a tax resident, please photocopy the relevant section to provide more details.

OUR REPORTING OBLIGATIONS

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the entity and/or any individual who holds ownership and/or control in the entity of 25% or more (Controlling Person/Beneficial Owner) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Controlling Person/Beneficial Owner. Failure to respond may lead to certain reporting requirements applying to the account.

By completing this application you certify that if at any time there is a change to the foreign tax status details for you, the entity and/or any controlling persons/beneficial owner, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s/beneficial owner/s in your entity, you will inform the bank.

A controlling person/beneficial owner refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a trust, a controlling person/beneficial owner includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a trust, the term includes persons in equivalent or similar positions.

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935
FAX
02 9274 5211

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE

ASSET MANAGEMENT



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