

## 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 partnerships and partners 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 a partnership/partner 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). 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 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 licensees
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 all **Sections**.

### 1: PARTNERSHIP INFORMATION

#### 1A: PARTNERSHIP DETAILS

##### 1.1 General information

Full name of Partnership

Registered business name of partnership (if any)

Full business, trading or other name(s) under which the customer carries on their business (if any)

ABN

Country where partnership established

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

Yes  No

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 Type of partnership

Select **[X]** only **ONE** of the following partnership types and provide the information requested.

Is the partnership regulated by a professional association?

<input type="checkbox"/> <b>YES</b>	Provide name of association <input type="text"/>
	Provide membership details <input type="text"/>
	<b>➔ Go to Section 1.4</b>
<input type="checkbox"/> <b>NO</b>	How many partners are there? <input type="checkbox"/> Provide the full name and address of each partner in section 1.3.

## 1.3 Partnership details

For partnerships regulated by a professional association, you are only required to complete the information for ONE partner. For partnerships not regulated by a professional association, please provide information for all partners.

### 1 PARTNER 1

Full given name(s)/Organisation name (if non-individual)

Surname

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 Partner 1 a tax resident of any other country outside of Australia?

Yes  No

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 PARTNER 2

Full given name(s)/Organisation name (if non-individual)

Surname

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

State

Postcode

Country, if not Australia

Occupation



DEC | X | AD10594

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 Partner 2 a tax resident of any other country outside of Australia?

Yes       No

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 PARTNER 3

Full given name(s)/Organisation name (if non-individual)

Surname

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 Partner 3 a tax resident of any other country outside of Australia?

Yes       No

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 PARTNER 4

Full given name(s)/Organisation name (if non-individual)

Surname

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 Partner 4 a tax resident of any other country outside of Australia?

Yes       No

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

#### 1.4 Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the partnership, or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including veto of power?

YES ➤ Complete 1.4A

NO ➤ Complete 1.4B



DEC | X | AD10594

1.4A Beneficial Owners

**1 BENEFICIAL OWNER**

Full given name(s)	
Surname	
Alternate name(s) (if any)	
Date of birth	
Registered office address (PO Box if <b>not</b> acceptable)	
State Postcode	
Country, if not Australia	
Role	
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.)

If you have already provided us with your Foreign Tax Residency Information in section 1.3 you will not need provide these details again. If not, the below question is mandatory.

Is the Individual or Entity a tax resident of any other country outside of Australia?  
 Yes  No

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

1.4B Other Controlling Parties and Beneficial Owners

If there are no individuals who meet the requirement of 1.4A, provide the names of the individuals who directly or indirectly control\* the partnership.

\* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the partnership (such as the Managing Partner or Senior Managing Official).

**BENEFICIAL OWNER**

Full given name(s)	
Surname	
Alternate name(s) (if any)	
Date of birth	
Registered office address (PO Box if <b>not</b> acceptable)	
State Postcode	
Country, if not Australia	
Role	
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.)

If you have already provided us with your Foreign Tax Residency Information in section 1.3 you will not need provide these details again. If not, the below question is mandatory

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

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: PARTNERSHIP VERIFICATION PROCEDURE**

- > Complete the choices below to tell us what document you are sending us, or search you wish us to conduct to verify the partnerships identity.
- > Contact us if you are unable to provide the required document or the relevant search will not allow us to verify the partnerships identity.
- > **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.



**PART A – ACCEPTABLE ID DOCUMENTS TO VERIFY PARTNERSHIP NAME**

Cross X	Verification options: Select ONE of the following options used to verify the Partnership
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database (Advance to perform for direct customers).
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months (eg Notice of Assessment). <b>Block out the TFN before scanning, copying or storing this document.</b>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

**PART B – ACCEPTABLE ID DOCUMENTS TO VERIFY MEMBERSHIP OF A PROFESSIONAL ASSOCIATION**

Cross X	Verification options: Select ONE of the following options used to verify the partnership
<input type="checkbox"/>	An original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant association.

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

**1C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE**

For each of the Beneficial Owner shareholders and other Beneficial Owners specified in section 1.4 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"/>	Foreign driver's license/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.*

<input type="checkbox"/>	Certified copy of a foreign passport or similar travel document containing a photograph and the signature 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. <b>Block out the TFN before scanning, copying or storing this document.</b>
<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 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.

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



**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"/> Mergers and acquisitions	<input type="checkbox"/> Controlled money account
<input type="checkbox"/> Gift/Donation	
<input type="checkbox"/> Additional source (provide source)	
<input type="text"/>	

➤ Go to Section 3

**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 or which search was performed 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.

**2A: RECORD OF VERIFICATION PROCEDURE**

Verify the following:

- > **All Partnerships**
  - Full name of the Partnership
- > **Partnerships that are members of a professional association**
  - Membership of the professional 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

**2B: FINANCIAL ADVISER DETAILS**

Identification and verification conducted by:

Date verified (dd/mm/yyyy)

| | | | | | | | | |

Financial Adviser's name

AFS licensee name

AFSL number

| | | | | | | | | |

Phone number

| | | | | | | | | | | | | | | |

➤ **Complete the following section to collect the additional information about the identity of ONE ONLY of the signing partners.**

**3: INDIVIDUAL PARTNER VERIFICATION PROCEDURE****3A: INDIVIDUAL DETAILS**To be completed for **ONE** signing partner.

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

| | | | | | | | | |Residential address (PO Box is **not** acceptable) – only provide address details if not provided in Section 1A

	State	Postcode
--	-------	----------

Country, if not Australia	
---------------------------	--

**3B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE**Please send us certified copies of documents that show the partner'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.



DEC | X | AD 10594



> **Do not send original documents, only certified copies.**

Please refer to the '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 license/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 the individual does not own a document from Part A

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	Select 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. <b>Block out the TFN before scanning, copying or storing this document.</b>
<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"/>	Foreign driver 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.

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

**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 or which search was performed 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.

**4A: RECORD OF VERIFICATION PROCEDURE**

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

ID document details	Document 1
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
ID document details	Document 2
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



## 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.

By completing this application, you also certify that the settlor(s) and/or named beneficiary(ies) (applicable to Standard Trusts only) are not foreign tax residents. If the settlor(s) and/or named beneficiary(ies) are a foreign tax resident, you must telephone 1300 725 863 at the time of completing this application. When you contact us, you will be asked to provide additional information for the settlor(s) and/or named beneficiary(ies).

### 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](mailto:investorservices@advance.com.au)

#### INTERNET ADDRESS

[advance.com.au](http://advance.com.au)

**ADVANCE**  
ASSET MANAGEMENT

Advance Alliance Investment Funds  
Advance Investment Funds



DEC | X | AD 10594