

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 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 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.

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].

| WHO CAN CERTIFY COPIES OF DOCUMENTS | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal | <ul style="list-style-type: none"> • 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)) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a notary public |
| JP | <ul style="list-style-type: none"> • a Justice of the Peace |
| Police | <ul style="list-style-type: none"> • a police officer |
| Accountant | <ul style="list-style-type: none"> • 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 |
| Post office | <ul style="list-style-type: none"> • an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • 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 |
| Diplomatic service | <ul style="list-style-type: none"> • an Australian consular officer • an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>) |
| Financial corporations (bank, building society, credit union) | <ul style="list-style-type: none"> • 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>) • 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>) • 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. |

INSTRUCTIONS

- Complete all applicable sections of this form using **black pen** – print in clear **CAPITAL LETTERS**.
- Contact Advance Contact Centre on **1800 819 935** if you are unsure about any aspect of this form.

SECTION 1: PARTNERSHIP INFORMATION

SECTION 1A: PARTNERSHIP DETAILS

1.1 GENERAL INFORMATION

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 TYPE OF PARTNERSHIP

Select only one of the following partnership types and provide the information requested.

Is the partnership regulated by a professional association?

| | | |
|--------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | YES | Provide name of association <input type="text"/> |
| | | Provide membership details <input type="text"/> |
| | | ➔ Go to Section 1B |
| <input type="checkbox"/> | NO | How many partners are there? <input type="checkbox"/> Provide the full name and address of each partner below. <input type="text"/> <input type="text"/> |

1.3 PARTNERSHIP DETAILS

Only complete for partnerships **not** regulated by a professional association.

1 PARTNER 1

Full given name(s)

Surname

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

State

Postcode

Country, if not Australia

2 PARTNER 2

Full given name(s)

Surname

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

State

Postcode

Country, if not Australia

3 PARTNER 3

Full given name(s)

Surname

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

State

Postcode

Country, if not Australia

4 PARTNER 4

Full given name(s)

Surname

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

State

Postcode

Country, if not Australia

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

SECTION 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 agreement. |
| <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). Block out the TFN before scanning, copying or storing this document. |
| <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.

➤ **Go to Section 3A**

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 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.

SECTION 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 | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 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)

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Financial Adviser's name

AFS licensee name

AFSL number

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Phone number

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

SECTION 3: INDIVIDUAL PARTNER VERIFICATION PROCEDURE

SECTION 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 |

SECTION 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.
- **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"/> | 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

| Cross X | Select ONE valid option from this section |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. |
| Cross X | AND ONE valid option from this section |
| <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. Block out the TFN before scanning, copying or storing this document. |
| <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

| Cross X | BOTH documents from this section must be presented |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <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 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.

SECTION 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 | | | | |