

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 registered co-operatives 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 registered co-operative 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** of the Customer Identification Form only, and attach certified copies of your identity document(s). Please use the **checklist** provided below.

CHECKLIST FOR DIRECT INVESTORS

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** 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.

GUIDE TO COMPLETING THIS FORM

- Complete the 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: REGISTERED CO-OPERATIVE INFORMATION

SECTION 1A: REGISTERED CO-OPERATIVE DETAILS

1.1 GENERAL INFORMATION

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

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

1 CHAIRMAN

Full given name(s)

Surname

2 SECRETARY

Full given name(s)

Surname

3 TREASURER

Full given name(s)

Surname

1.2 ADDRESS INFORMATION

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

1 PRINCIPAL PLACE OF OPERATIONS

Address (PO Box is **not** acceptable)

State Postcode

Country, if not Australia

Go to Section 1B

2 REGISTERED OFFICE

Address (PO Box is **not** acceptable)

State Postcode

Country, if not Australia

Go to Section 1B

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

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

Surname

Position

Address (PO Box is **not** acceptable)

State Postcode

Country, if not Australia

Go to Section 1B

SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

- Complete the choices below to tell us what document(s) you are sending us.
- Contact us if you are unable to provide the required document(s).
- **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.

Cross X	Verification options: Select ONE or more of the following options used to verify the Registered Co-operative
<input type="checkbox"/>	Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative.
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the co-operative.

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

SECTION 2: FINANCIAL ADVISER USE ONLY

- **Option 1** – Financial advisers can complete Section 2 as outlined below. Please ensure that you indicate which document(s) you have sighted 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:

- Full name by registered co-operative.
- ID number issued by the relevant registration body (if any).

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

SECTION 2B: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)

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

Financial Adviser’s name

AFS licensee name

AFSL number

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

Phone number