

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 trusts and trustees 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 trust/trustee 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** and either **Section 4, 6 or 7** 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 and either Section 4, 6 or 7** 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

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	> a Justice of the Peace
Police	> a police officer
Accountant	> 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.



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:

- > **Sections 1 and 2, and**
- > **Sections 4 and 5, or**
- > **Sections 6 or 7 and 8.**

INSTRUCTIONS

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Complete all parts of the following:
 - all trusts – Section 1
- > **and** complete the application parts of **one** of the following sections for **one only** of the signing trustees where the selected trustee is:
 - an individual – Section 4
 - an Australian company – Section 6, and
 - a foreign company – Section 7.
- > Only send the **completed sections** of this form with the application form.
- > Contact our Customer Relations team on **1800 819 935** if you are unsure about any aspect of this form.

1: ALL TRUSTS

1A: TRUST DETAILS

1.1 General information

Full name of trust

Full business name (if any)

Country where trust established

Is the Trust 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 trust

> Select **[X]** **one** only of the following trust types and provide the information requested.

<input type="checkbox"/> Registered managed investment scheme	Provide Australian Registered Scheme Number (ARSN) Go to Section 1B
<input type="checkbox"/> Regulated trust (eg an SMSF)	Provide name of the regulator (eg ASIC, APRA, ATO) Provide the trust's ABN or registration/licensing details Go to Section 1B
<input type="checkbox"/> Government superannuation fund	Provide name of legislation establishing the fund Go to Section 1B
<input type="checkbox"/> Other trust type	Trust description (eg family, unit, charitable, estate) Complete Sections 1.3, 1.4 and 1.5

1.3 Settlor of trust

Full name of Settlor/s*

* Settlor of the Trust could be an individual or an organisation (e.g. Law Firm or Accountancy) that has created the Trust by Settling a sum of money or item of property on a Trust for the benefit of the Beneficiaries.

1.4 Beneficiary details (only complete if 'other trust type' is selected in section 1.2 above)

Do **not** complete if the trust is a register managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.

Does the trust deed name the beneficiaries?

- Yes** How many beneficiaries are there?

Provide the full name of each beneficiary 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 beneficiaries, provide details on a separate sheet.

Go to Section 1.5

- No** Provide details of the membership class/es (eg unit holders, family members or named person, charitable purpose).



1.5 Trustee details

For ALL Trusts provide ALL details for ONE trust as per instructions under Trustee 1.

If 'Other Trust type' is selected in section 1.2 above then in addition to the above also provide the name and residential address for ALL other Trustees. Do not provide details for all Trustees if the Trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.

How many Trustees are there?

Provide the full name and address of each Trustee below.

1 Trustee 1	
If the Trustee is an individual complete the following details:	
Full given name(s)	
Surname	
Alternate name(s) (if any)	
Date of birth	<input type="text"/>
Residential address (PO Box is not acceptable)	
<input type="text"/>	
<input type="text"/>	
State Postcode	
Country, if not Australia	<input type="text"/>

Is Trustee 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

If the Trustee is a Company complete the following details:	
Full name as registered by ASIC	
<input type="text"/>	
Business/Trading as name(s) (if any)	
<input type="text"/>	
ACN	<input type="text"/>

Registered office address (PO Box is not acceptable)	
<input type="text"/>	
<input type="text"/>	
State Postcode	
Country, if not Australia	<input type="text"/>
Principal place of business (if any) (PO Box is not acceptable)	
<input type="text"/>	
<input type="text"/>	
State Postcode	
Country, if not Australia	<input type="text"/>

2 Trustee 2	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
<input type="text"/>	
<input type="text"/>	
State Postcode	
Country, if not Australia	<input type="text"/>

Is Trustee 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 Trustee 3	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	

Is Trustee 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 Trustee 4	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	

Is Trustee 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

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

Go to Section 1.6

1.6 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

* Includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

1 BENEFICIAL OWNER 1	
Full given name(s)	
Surname	
Alternate name(s) (if any)	
Date of birth	
Registered office address (PO Box if not acceptable)	
State	Postcode
Country, if not Australia	
Role	

Is Beneficial Owner 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 BENEFICIAL OWNER 2	
Full given name(s)	
Surname	
Alternate name(s) (if any)	
Date of birth	
Registered office address (PO Box if not acceptable)	
State Postcode	
Country, if not Australia	
Role	

Is Beneficial Owner 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

1B: VERIFICATION PROCEDURE

Select ONE of the following options used to verify the Trust (note – option selected MUST confirm the Settlor of Trust name for trusts other than Testamentary Trusts).

Contact us if you are unable to provide the required documents.

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

For a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund as selected in Section 1.2

Cross X	Verification options: Select ONE of the following options used to verify the trust
<input type="checkbox"/>	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
<input type="checkbox"/>	Perform a search of the relevant regulator's website (Advance to perform for direct customers).

OR

PART B – ACCEPTABLE ID DOCUMENTS

If 'Other trust type' is selected in Section 1.2

Cross X	Verification options: Select ONE of the following options used to verify the trust
<input type="checkbox"/>	A certified copy of 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"/>	A letter from a solicitor or qualified accountant that confirms the name and existence of the trust and the settlor of trust full name – must be an original letter.
<input type="checkbox"/>	A certified copy or certified extract of the trust deed showing the full name of the trust, deed issuer, issue date and settlor of the trust full name.

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 1.6 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.*



DEC | X | AD 10592

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

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.

OR

PART C – ACCEPTABLE FOREIGN ID DOCUMENTS

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

Cross X	BOTH documents from this section must be presented
<input type="checkbox"/>	Certified copy of a Foreign driver's licence* that contains a photograph of you and your date of birth.
<input type="checkbox"/>	Certified copy of a National ID card* issued by a foreign government containing your photograph and your signature.

* 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"/> 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: FINANCIAL ADVISER USE ONLY

- > **Option 1** – Financial advisers can complete Section 2B 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: VERIFICATION REQUIREMENTS FOR TRUSTS

Verify the following:

- > **registered managed investment scheme, regulated trust or government superannuation fund:**
 - full name of the trust, and
 - verify that the trust is a registered managed investment scheme, regulated trust or government superannuation fund, as applicable.
- > **other trusts:**
 - full name of the trust
 - Settlor of the Trust name, and
 - verify the identity of the verified trustee.



2B: RECORD OF VERIFICATION PROCEDURE

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

2C: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)

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Financial adviser's name

AFS licensee name

AFSL number

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Phone number

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3: ADDITIONAL INFORMATION

3A: ADDITIONAL INFORMATION ABOUT ONE OF THE TRUSTEES

Complete the applicable parts of **one only** of the following sections, as required, to collect the additional information about the identity of **one only** of the trustees, where the selected trustee is:

- > an individual – **Section 4**
- > an Australian company – **Section 6**
- > a foreign company – **Section 7**.

4: INDIVIDUAL TRUSTEE

4A: INDIVIDUAL DETAILS

To be completed if selected trustee is an individual.

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

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Residential address (PO Box is **not** acceptable) – only provide if not provided in Section 1.5 above

State	Postcode

Is the Individual 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

➤ If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is COMPLETE

➤ If 'Other trust type' is selected in Section 1.2 above complete Section 4B below

4B: INDIVIDUAL TRUSTEE VERIFICATION PROCEDURE

Please send us certified copies of documents that show your full name and **either** your date of birth **or** residential address.

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

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Cross X	Select ONE valid option from this selection 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.*



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.
Cross X	AND 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).

OR

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"/>	Certified copy of a 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"/>	Certified copy of a 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.

5: FINANCIAL ADVISER USE ONLY

> **Option 1** – Financial advisers can complete Section 5B as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 4B 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 4B of this form.

5A: VERIFICATION REQUIREMENTS FOR INDIVIDUAL TRUSTEE

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

5B: RECORD OF VERIFICATION PROCEDURE

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

➤ **If the selected trustee is an individual, the form is now COMPLETE**

6: AUSTRALIAN COMPANY TRUSTEE

6A: AUSTRALIAN COMPANY DETAILS

To be completed if selected trustee is an Australian Company.

6.1 General information

Full name as registered by ASIC

Australian Company Number (ACN)

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

State Postcode

Country, if not Australia

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

State Postcode

Country, if not Australia



Is the Company 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

6.2 Regulatory/listing details

Select **[X]** the following categories which apply to the trustee 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	

6.3 Company type

Select **[X]** **one** only of the following categories.

<input type="checkbox"/> Public	<p>➤ If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE</p> <p>➤ If 'Other trust type' is selected in Section 1.2 above, complete Section 6B below</p>
<input type="checkbox"/> Proprietary	➤ Go to Section 6.4 below

6.4 Directors

- > Only needs 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 (as selected in Section 6.2 above) AND the trust type selected in Section 1.2 above is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE**
- If 'Other trust type', complete Section 6B below**
- Otherwise, continue to Section 6.5 below**

6.5 Shareholders

Only needs to be completed for proprietary companies that are not regulated companies as selected in Section 6.2.

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

1	Shareholder 1
	Full given name(s)
	Surname
	Residential address (PO Box is not acceptable)
	State Postcode
	Country, if not Australia
2	Shareholder 2
	Full given name(s)
	Surname
	Residential address (PO Box is not acceptable)
	State Postcode
	Country, if not Australia



3 Shareholder 3	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	

➤ If the trust type selected in Section 1.2 above is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE

➤ If 'Other trust type', complete Section 6B below

6B: AUSTRALIAN COMPANY TRUSTEE VERIFICATION PROCEDURE

- > Complete either Part A or Part B to tell us what document you are sending us or the verification method Advance should perform.
- > Contact us if you are unable to provide the required documents.
- > **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 DOCUMENT

Cross X	Verification options: Select ONE of the following options used to verify the company
<input type="checkbox"/>	Certified copy of the certification of registration issued by ASIC.
<input type="checkbox"/>	Perform a search of the relevant ASIC database (Advance to perform for direct customers).

OR

PART B – ALTERNATIVE ACCEPTABLE DOCUMENT

For a company which is an Australian listed company or majority owned subsidiary of an Australian listed company, or is a regulated company (ie licensed by an Australian, Commonwealth, state or territory statutory authority)

Cross X	Verification options: Select ONE of the following options used to verify the company
<input type="checkbox"/>	Public document issued by the relevant company.
<input type="checkbox"/>	Perform a search of the relevant market/exchange (Advance to perform for direct customers).
<input type="checkbox"/>	Perform a search of the relevant ASIC database (Advance to perform for direct customers).
<input type="checkbox"/>	Perform a search of the licence or other records of the relevant Commonwealth, state or territory statutory regulator (Advance to perform for direct customers).

➤ If the selected trustee is an Australian Company, the form is now COMPLETE

7: FOREIGN COMPANY TRUSTEE

7A: FOREIGN COMPANY DETAILS

To be completed if selected trustee is a foreign company.

7.1 General information

Full name of foreign company

Country of formation/incorporation/registration

Select if registered by a foreign body and provide name of body

7.2 Is the foreign company registered with ASIC?

Select 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
	OR
	<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
	Name of local agent in 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



Is the Foreign Company 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

7.3 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

7.4 Regulatory/listing details

Select [**X**] the following categories that 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"/> Listed as defined in the FSC/FPA guidelines	Name of market/exchange
<input type="checkbox"/> Majority-owned subsidiary of an Australian listed company	Australian listed company name Name of market/exchange

7.5 Company type

Select [**X**] **one** only of the following categories and provide any information requested.

<input type="checkbox"/> Public	➤ If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE ➤ If 'Other trust type' is selected in Section 1.2 above, complete Section 7B below
<input type="checkbox"/> Private/Proprietary	➤ Go to Section 7.6 below
<input type="checkbox"/> Other	➤ Go to Section 7.6 below

7.6 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 7.4 above) AND 'Other Trust Type' is selected in Section 1.2 above, go to Section 7B**
- **If the company is a regulated company (as selected in Section 7.4 above) AND 'Other Trust Type' is NOT selected in Section 1.2 above, the form is now COMPLETE**
- **Otherwise, continue to Section 7.7 below**



7.7 Shareholders

Complete for all companies other than public, listed or regulated companies.

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

1 Shareholder 1	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	
2 Shareholder 2	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	
3 Shareholder 3	
Full given name(s)	
Surname	
Residential address (PO Box is not acceptable)	
State	Postcode
Country, if not Australia	

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

➤ If 'Other Trust Type' is selected in Section 1.2 above, go to Section 7B below

➤ If 'Other Trust Type' is not selected in Section 1.2 above, the form is now COMPLETE

7B: FOREIGN COMPANY TRUSTEE VERIFICATION PROCEDURE

- > Complete Part A, Part B or Part C to tell us what documents you are sending us or the verification method Advance should perform.
- > Contact us if you are unable to provide the required documents.
- > **Do not send original documents, only certified copies.** Please refer to the 'How to certify your documents' section for information on how to do this.

PART A – ACCEPTABLE ID DOCUMENTS

For a foreign company registered with ASIC

Cross X	Verification option: Select this option if the foreign company is registered with ASIC
<input type="checkbox"/>	A certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body.
<input type="checkbox"/>	A disclosure certificate from the company given by an individual acting as agent of the company where the agent has been verified. Contact Customer Relations team for more information.
<input type="checkbox"/>	Perform a search of the relevant foreign registration body (Advance to perform for direct customers).

OR

PART B – ACCEPTABLE ID DOCUMENTS

For a foreign company NOT registered with ASIC

Cross X	Verification option: Select this option if the foreign company is registered with ASIC
<input type="checkbox"/>	A certified copy of the certification of registration issued by the relevant foreign registration body.
<input type="checkbox"/>	A disclosure certificate from the company given by an individual acting as agent of the company where the agent has been verified. Contact Customer Relations team for more information.
<input type="checkbox"/>	Perform a search of the relevant foreign registration body (Advance to perform for direct customers).

OR

PART C – ACCEPTABLE ID DOCUMENTS

For a listed company, a majority owned subsidiary of an Australian listed company or a regulated company

Cross X	Verification option
<input type="checkbox"/>	A public document issued by the relevant company.
<input type="checkbox"/>	Perform a search of the relevant financial market (Advance to perform for direct customers).
<input type="checkbox"/>	Perform a search of the relevant ASIC database (Advance to perform for direct customers).
<input type="checkbox"/>	Perform a search of the licence or other records of the relevant Commonwealth, state or territory statutory regulator (Advance to perform for direct customers).

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

8: FINANCIAL ADVISER USE ONLY

- > **Option 1** – Financial advisers can complete Section 8B as outlined below. Please ensure that you indicate which document(s) you have sighted or which search was performed as set out in Section 6B or Section 7B 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 7B of this form.



8A: VERIFICATION REQUIREMENTS FOR DOMESTIC AND FOREIGN COMPANIES

1 Domestic company verification procedure

Standard verification procedure

Verify:

- > the full name of the company as registered by ASIC
- > whether the company is registered as a proprietary or a public company, and
- > the ACN issued to the company.

Alternative verification procedure

For a company which is an Australian listed company, a majority owned subsidiary of an Australian listed company or is a regulated company (ie licensed by an Australian Commonwealth, state or territory statutory regulator).

Verify that the company is:

- > an Australian listed company (if applicable)
- > a majority owned subsidiary of an Australian listed company (if applicable), and
- > a regulated company (if applicable).

2 Foreign companies verification procedure

Standard verification procedure – for Foreign Companies registered with ASIC

Verify:

- > the full name of the company as registered by ASIC
- > the ARBN issued to the company, and
- > whether it is registered by a foreign registration body and, if so, whether it is registered as a private company or a public company.

Standard verification procedure – for Foreign Companies NOT registered with ASIC

Verify:

- > the full name of the company, and
- > whether it is registered by a foreign registration body and if so:
 - whether it is registered as a private company or a public company, and
 - the identification number issued to the company.

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.

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

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).

8B: 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

