

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 **Sections 4 or 6** 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 Sections 4 or 6 or 7** of the Customer Identification Form using the instructions provided.
- > The following documents must be mailed to Advance:
 - completed Customer Identification Form/s
 - 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:

- > Sections 1 and 2, and
- > Sections 4 and 5, or
- > Section 6.

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.
- > 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)

Full business name of the trustee in respect of the trust (if any)

Principal place of business (cannot be a PO box)

Industry

ABN (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 (eg. 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 requested information 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"/>
Occupation	<input type="text"/>
Employment Type	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Casual
<input type="checkbox"/> Self employed	<input type="checkbox"/> Temporary <input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Social security recipient
<input type="checkbox"/> Dependent contractor	<input type="checkbox"/> Independent contractor
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (home duties/work compensation/etc.)
Is Trustee 1 a tax resident of any other country outside of Australia?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please refer to section Foreign Tax Residency Information for further information.	
Country of Tax Residency	
<input type="text"/>	
Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)	
<input type="text"/>	
<input type="checkbox"/> Reason 1	<input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3
Country of Tax Residency	
<input type="text"/>	
Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)	
<input type="text"/>	
<input type="checkbox"/> Reason 1	<input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3
Country of Tax Residency	
<input type="text"/>	
Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)	
<input type="text"/>	
<input type="checkbox"/> Reason 1	<input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3

If the trustee is a company, provide the full name as registered by ASIC and complete a separate Advance Asset customer identification form for Australian and Foreign Companies.

Full name as registered by ASIC

2 Trustee 2	
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"/>
Occupation	<input type="text"/>
Employment Type	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Casual
<input type="checkbox"/> Self employed	<input type="checkbox"/> Temporary <input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Social security recipient
<input type="checkbox"/> Dependent contractor	<input type="checkbox"/> Independent contractor
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (home duties/work compensation/etc.)
Is Trustee 2 a tax resident of any other country outside of Australia?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please refer to section Foreign Tax Residency Information for further information.	
Country of Tax Residency	
<input type="text"/>	
Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)	
<input type="text"/>	
<input type="checkbox"/> Reason 1	<input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3
Country of Tax Residency	
<input type="text"/>	
Tax Identification Number (TIN)* OR TIN not applicable reason (see reason above)	
<input type="text"/>	
<input type="checkbox"/> Reason 1	<input type="checkbox"/> Reason 2 <input type="checkbox"/> Reason 3



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

Is 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	
Alternate name(s) (if any)	
Date of birth	
Residential address (PO Box is not acceptable)	
State Postcode	
Country, if not Australia	

Occupation	
Employment Type	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Casual
<input type="checkbox"/> Self employed	<input type="checkbox"/> Temporary <input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Social security recipient
<input type="checkbox"/> Dependent contractor	<input type="checkbox"/> Independent contractor
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (home duties/work compensation/etc.)

Is 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
Occupation
Employment Type
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
<input type="checkbox"/> Self employed <input type="checkbox"/> Temporary <input type="checkbox"/> Retired
<input type="checkbox"/> Student <input type="checkbox"/> Social security recipient
<input type="checkbox"/> Dependent contractor <input type="checkbox"/> Independent contractor
<input type="checkbox"/> Unemployed <input type="checkbox"/> Other (home duties/work compensation/etc.)

Is 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
Occupation
Employment Type
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
<input type="checkbox"/> Self employed <input type="checkbox"/> Temporary <input type="checkbox"/> Retired
<input type="checkbox"/> Student <input type="checkbox"/> Social security recipient
<input type="checkbox"/> Dependent contractor <input type="checkbox"/> Independent contractor
<input type="checkbox"/> Unemployed <input type="checkbox"/> Other (home duties/work compensation/etc.)

Is 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"/>	Registered Managed Investment Scheme: search of the relevant ASIC database to verify the customer.
<input type="checkbox"/>	Regulated Trust: search of the relevant government regulator database (e.g. ASIC, or APRA or ATO Super Fund Lookup) to confirm it is licensed and subject to regulatory oversight by an Australian Commonwealth regulator.

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.



<input type="checkbox"/>	Settlement Deed or other document that contains a declaration of trust where the names of the trust and/or settlor(s) are evident.
<input type="checkbox"/>	ABN Lookup search.

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.*
<input type="checkbox"/>	Foreign driver's licence/permit that contains a photograph of the person in whose name it issued and the individual's date of birth.*
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person.*

OR

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

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

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

AND

Cross X	ONE valid option from this section
<input type="checkbox"/>	Certified copy of a document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.

<input type="checkbox"/>	Certified copy of a document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
<input type="checkbox"/>	Certified copy of a document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
<input type="checkbox"/>	If under the age of 18, certified copy of a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school.
<input type="checkbox"/>	Foreign driver's licence which does not contain a photograph.
<input type="checkbox"/>	Department of Veterans' Affairs pension concession card (Australian).
<input type="checkbox"/>	A current tenancy/lease agreement (must not be cancelled or expired).
<input type="checkbox"/>	Medicare card.
<input type="checkbox"/>	Australian Marriage certificate issued by State/Territory Registry of Births, Deaths and Marriages.
<input type="checkbox"/>	Identification card issued to a student at an Australian higher education institution (TAFE or University) which contains a photograph and signature.
<input type="checkbox"/>	A current card issued under a Commonwealth, State, or Territory law for the purpose of identification, for a government service, or as a licence.

* 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"/>	Owens real estate/property



DEC | X | AD 10592

<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"/>	

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)	<input type="text"/>
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)

Financial adviser's name

AFS licensee name

AFSL number

Phone number

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**
- > a company – **Section 6**

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)

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, complete Section 4B below for the individual selected in Section 4A.

➤ If 'Other trust type' is selected in Section 1.2 above, complete Section 4B below for all trustees listed in 1.5 of this form.

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.*
<input type="checkbox"/>	Foreign driver's licence/permit that contains a photograph of the person in whose name it issued and the individual's date of birth.*
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person.*

OR

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

Should only be completed if 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	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"/>	Foreign driver's licence which does not contain a photograph.
<input type="checkbox"/>	Department of Veterans' Affairs pension concession card (Australian).
<input type="checkbox"/>	A current tenancy/lease agreement (must not be cancelled or expired).
<input type="checkbox"/>	Medicare card.
<input type="checkbox"/>	Australian Marriage certificate issued by State/Territory Registry of Births, Deaths and Marriages.
<input type="checkbox"/>	Identification card issued to a student at an Australian higher education institution (TAFE or University) which contains a photograph and signature.
<input type="checkbox"/>	A current card issued under a Commonwealth, State, or Territory law for the purpose of identification, for a government service, or as a licence.

* 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

6: COMPANY TRUSTEE

- Completed Advance Asset customer identification form for Australian and Foreign Companies provided with relevant verification documentation.



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

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT



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