# **IDENTIFICATION FORM AUSTRALIAN REGULATED TRUSTS** (Including Self-Managed Super Funds)



### GUIDE TO COMPLETING THIS FORM

- This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.

  For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION
- Collect information about the Trust and one Trustee. The identity of the Trust must be verified (not the Trustee).
- Tax information must be collected from an authorised representative of the Trust
- Complete all applicable sections of this form in BLOCK LETTERS.

### **SECTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE**

#### **Section 1.1: General Information**

Full name of Trust

Country where trust established (only required if not Australia)

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

### **Section 1.2: Type of Regulated Trust**

Tick √	Select ONE valid option from this section only
	Self-Managed Superannuation Fund Provide the SMSF's ABN
	Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN)
	Unregistered managed investment scheme (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies)  Provide the unregistered managed investment scheme's ABN
	Government superannuation fund Provide name of the legislation establishing the fund
	Other regulated Trust (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)
	Provide name of the regulator (e.g. ASIC, APRA, ATO)
	Provide the Trust's ABN or registration/licensing details

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM, rather than this form.

## SECTION 2: TRUSTEE IDENTIFICATION PROCEDURE (Please complete EITHER section 2.1 OR section 2.2)

Full Given Name(s)	Surnar	ne		Date of Birth dd/mm/yyyy
Residential Address (PO Box is NOT acceptable)				
Street				
Suburb	State	Postcode	Country	

**OR** 

October 2018 Version 1/3

2/3

Section 2.2: Company Trustee (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form)

2.2.1 Company Details				
Full name as registered by ASIC				
ACN				
Registered Office Address (PO Box is NOT acceptable)				
Street				
Suburb	State	Postcode	Country	
oubuit	Cialc	1 ostoode	Country	
Principal Place of Business (if any) (PO Box is NOT acceptable)				
Street				
Suburb	State	Postcode	Country	
2.2.2 Company Type (Select one of the follow	ing company types)			
Public (companies whose name does NOT		v: generally listed companies), prod	ceed to section 3	
Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), proceed to section 2.2.3				
2.2.3 Directors (To be completed for proprietary	companies, not required for public	companies as per 2.2.2)		
Provide the names of all directors.				
Full given name(s)		Surname		
1				
2				
3				
4				
If there are more controlling persons, provide detail	ls on a separate sheet and tick this	box .		

# **SECTION 3: TAX INFORMATION**

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 3 and can proceed to section 4.

### 3.1 Tax Status

Provide the Trust's Global Intermediary Identification Number (GIIN), if applicable

If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA status (select ✓ ONE of the following statuses)

Deemed Compliant Financial Institution

**Excepted Financial Institution** 

**Exempt Beneficial Owner** 

Non Reporting IGA Financial Institution

(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

Nonparticipating Financial Institution

Other (describe the Trust's FATCA status in the box provided)

October 2018 Version

# **SECTION 4: REGULATED TRUST VERIFICATION PROCEDURE**

# Regulated Trust Verification procedure:

- Information to be verified:

  Full name of the Trust, the same name of each Trustee
- That the Trust is a Self-Managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable

Tick √	Verification options				
	(REQUIRED) Provide an original certified copy or extract of the trust deed showing the full name of the Trust, the name of each trustee of the Trust and signing page.				
plus select one of the following:					
	A copy search of the ASIC, ATO or relevant regulator's website (e.g. "Super Fund Lookup" at www.abn.business.gov.au)				
	A copy of an offer document of the managed investment scheme (e.g. a copy of a Product Disclosure Statement)				
	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website				

#### **IMPORTANT NOTE:**

- Attach a legible certified copy of the ID documentation used to verify the Trust OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID Documents

## **SECTION 5: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT	Document 1			Document 2		
Verified From	Performed search	Original	Certified copy	Performed search	Original	Certified copy
Document Issuer / Website						
Document Type / Search details						
Issue date / Search date						

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name AFSL No.

Representative/ Employee Name Phone No.

Signature **Date Verification Completed** 

October 2018 Version 3/3