

### SECTION 1: TRUST IDENTIFICATION PROCEDURE (MANDATORY)

#### 1.1 GENERAL INFORMATION

Investor number (if known)

Full name of trust

Country where trust established

Full Business, trading or other name(s) other than the full name of the trust (if any) (if you have more than one, please attach a separate list)

Principal place of business (cannot be a PO Box)



State

Postcode

Country, if not Australia

Settlor of Trust\*

*\*Settlor of Trust is a person responsible for providing (or 'settling') an initial sum of money or property to the trust*

☐ Organisation

Name

☐ Individual

Given name(s)

Surname

Verification source for Settlor of Trust (select one only and provide an original or certified copy)

☐ Solicitor letter

☐ Trust Deed

☐ Settlement Deed

ABN (if any)

Industry Class

Industry Type

#### 1.2 TRUST DESCRIPTION (select only one of the following)

☐ Family Trust

☐ Charitable Trust

☐ Testamentary Trust

☐ Other Type

Provide description

If the Trust is a self-managed superannuation fund, registered managed investment scheme, government superannuation fund or other regulated Trust, do not use this form but rather complete the *Australian Regulated Trusts & Trustees Identification Form*.

#### 1.3 BENEFICIARIES DETAILS

How are the beneficiaries described in the trust deed

☐ Membership of a class

Details of the class (e.g. family members, unit holders etc)

☐ Named beneficiaries

Full name of each beneficiary

	Title	Full given name(s)	Surname
1.			
2.			
3.			
4.			

### SECTION 2: TRUSTEE INFORMATION (MANDATORY)

#### 2.1 INDIVIDUAL TRUSTEE(S)

Provide the name(s) of all individual trustee(s) and **complete an individual & sole trader ID form** for each individual

	Title	Full given name(s)	Surname
1.			
2.			
3.			
4.			

☐ Tick here if there are more than 4 Individual Trustees and provide details on a separate sheet



## 2.2 COMPANY TRUSTEE

Provide the full name of the company trustee and **complete an Australian company ID form**.

1. Full Company Name (as registered with ASIC)

Full business, trading or other name(s) under which the customer carries their business (if any)

## SECTION 3: TAX INFORMATION (MANDATORY)

Is the trust a resident of a country other than Australia for tax purposes?

☐ Yes. Date the trust became a non-resident for tax purposes (complete section 3)

☐ No (proceed to section 4)

Provide the country/countries outside of Australia in which the trust is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

\* A TIN is an identifying number or equivalent used for tax purposes. 'TIN not issued' is only applicable to specific countries. For more details go to <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

**Note:** If there are more than 3 countries in which the trust is a tax resident, please provide the details on a separate paper.

Country 1 (Primary country of residence for tax purposes)

Foreign TIN 1

Reason (if TIN not applicable)

☐ TIN not issued

Country 2

Foreign TIN 2

Reason (if TIN not applicable)

☐ TIN not issued

Country 3

Foreign TIN 3

Reason (if TIN not applicable)

☐ TIN not issued

## SECTION 4: BENEFICIAL OWNERSHIP (MANDATORY)

Other than the individual trustees provided in section 2.1 (if applicable) or the beneficial owner(s) of the company trustee provided in section 2.2 (if applicable), are there any individuals who have the ability to add and/or remove the trustee(s) ('Appointers') or who have the capacity to make financial and operating decisions on behalf of the trust ('Other Individuals').

☐ Yes (complete 4.1)

☐ No (Go to section 5)

### 4.1 BENEFICIAL OWNERSHIP

Please provide details of any additional individuals who are Beneficial Owners and **complete separate individual customer ID forms** for each of these individuals.

Full given name(s)	Surname	Role (e.g. Trustee, Appointer or Other Individual)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Tick here if there are more than 2 Beneficial Owners and provide details on a separate sheet

## SECTION 5: ADDITIONAL INFORMATION (MANDATORY)

### 5.1 SOURCE OF FUNDS

This refers to where the trust's funds came from in regard to deposits into the account. Please note the trust may have multiple sources of funds. Please indicate all sources of funds below.

- |  |   |
|--|---|
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Bonus                |
| <input type="checkbox"/> Business income/earnings            | <input type="checkbox"/> Loan                 |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Sale of assets       |
| <input type="checkbox"/> Gift/donation                       | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Tax refund                          |   |
| <input type="checkbox"/> Additional Sources (Please specify) |   |

### 5.2 SOURCE OF WEALTH

This refers to where or how the trust has built its net worth. Please note that the trust may have multiple sources of wealth. Please indicate all sources of wealth below.

- |  |   |
|--|---|
| <input type="checkbox"/> Business income/earnings            | <input type="checkbox"/> Sale of assets       |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Owns real estate/property           |   |
| <input type="checkbox"/> Additional Sources (Please specify) |   |



### 5.3 PRIVACY STATEMENT

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [www.asgard.com.au/privacy](http://www.asgard.com.au/privacy) or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

### SECTION 6: TRUST VERIFICATION PROCEDURE (MANDATORY)

#### Information to be verified

- Full name of the Trust
- For all trustees, all of the information required to be verified for that customer type
- Full name of the settlor of the trust, unless the name is not required to be collected.

#### Important

- Ensure individual ID forms are provided by each of the individual trustees and beneficial owners.
- Ensure Australian company ID forms are provided for each of the company trustees.
- Ensure the ID is on a letterhead (where appropriate).
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

Tick	Verification options (select one of the following options used to verify the Trust)
<input type="checkbox"/>	Trust Deed (or certified copy or certified extract) where the names of the trust, trustees, beneficiaries or membership class, settlor(s) where applicable, and execution page are evident
<input type="checkbox"/>	A notice issued by the ATO within the last 12 months (e.g. Notice of Assessment). Block out the TFN before copying and sending this document
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust and/or settlor(s) within the last 12 months

### SECTION 7: APPLICANT DECLARATION (MANDATORY)

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standards) Act 2016*.

Signature of Applicant 1

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

Signature of Applicant 2

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

Signature of Applicant 3

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

Signature of Applicant 4

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)



## SECTION 8: VERIFICATION OF ID (ADVISERS ONLY)

This section is mandatory in validating the information provided in this form matches the Certified ID.

The Verification of ID section must be completed by the Applicants Financial Adviser or representative from their office.

Tick the applicable option:

- ☐ I have attached a legible original certified copy of the ID that I used to verify the unregulated trust (and any required translation).
- ☐ I have sighted and retained copies of the necessary original or certified copy of ID as recorded in the 'ID Documents Details' table(s) below.

### ID Document details

#### Document 1

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer/ website	
Document Number	
Issue date/search date	/ /
Expiry date	/ /

### ID Document details

#### Document 2

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer/ website	
Document Number	
Issue date/search date	/ /
Expiry date	/ /

### By completing and signing this Verification of ID 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 FATCA information provided is reasonable considering the documentation provided.

AFSL Name (if applicable)

AFSL Number (if applicable)

Representative/Employee Name and Staff ID

Phone number

Signature

Date Verification Completed (DD/MM/YYYY)

## APPENDIX A:

### A. WHAT IS A CERTIFIED COPY OF A DOCUMENT?

A certified copy is a document that has been certified by an authorised person as a true copy of an original document.

To have your document certified, take the original document and a photocopy of it to one of the persons listed in the categories below.

The certifier will then write or stamp the copy with the words: "I, [full name of authorised certifier], as [select appropriate person from authorised list below], certify that this [name of document] is a true copy of the original [signature and date]".

That person will need to print their name, date and qualification/occupation which makes them an eligible certifier on the photocopy.

If there are multiple pages to the copy, the certifier will need to fully certify each page.

**Note:** Only original certified ID documents must be supplied. Photocopies of certified documents will not be accepted

### B. LIST OF ELIGIBLE PERSONS WHO CAN CERTIFY YOUR IDENTITY DOCUMENTS

A document can be certified by the following authorised persons:

#### Legal

- 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<sup>1</sup>
- A magistrate
- A chief executive officer of a Commonwealth court<sup>1</sup>
- A registrar or deputy registrar of a court<sup>1</sup>

#### Foreign jurisdiction

- A person who is authorised by law in the relevant jurisdiction to administer oaths or affirmations or to authenticate documents<sup>1</sup>

#### Healthcare

- A Dentist
- A Medical practitioner
- A Nurse
- A Pharmacist

#### JP

- A Justice of the Peace<sup>1</sup>

#### Law enforcement officer

- A police officer
- A Sherriff
- A Sherriff's officer

#### Post office

- 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



## Accountant

- who is a fellow of the National Tax Accountants' Association; or
- who is a member of any of the following:
  - Chartered Accountants Australia and New Zealand;
  - the Association of Taxation and Management Accountants;
  - CPA Australia;
  - the Institute of Public Accountants

## Diplomatic service

- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)<sup>1</sup>
- Employee of the Australian Trade and Investment Commission who is:
  - in a country or place outside of Australia; and
  - authorised under paragraph 3(d) of the Consular Fees Act 1955; and - exercising his or her function at that place

## Financial institutions (eg bank, building society, credit union)

- An officer with two or more continuous years of service in Australia
- 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
- An officer of an Australian bank, building society or finance company branch or office located in a foreign jurisdiction with 2 or more years of continuous service (includes or an employee of Westpac New Zealand Limited with 2 or more years of continuous service)

A complete list of people who can certify your identification documents please refer to our website [https://www.bt.com.au/content/dam/public/panorama/pdf/BT\\_Panorama\\_-\\_How\\_to\\_certify\\_documents\\_flyer.PDF](https://www.bt.com.au/content/dam/public/panorama/pdf/BT_Panorama_-_How_to_certify_documents_flyer.PDF)

<sup>1</sup>Authorised to certify a copy of your document when overseas.

You can send the completed form to us via one of the following methods:

**Your Financial Adviser:** they may require a copy of this form for record keeping purposes or for processing on your behalf.

**Post:** Asgard, PO Box 7490, Cloisters Square WA 6850

**Submit a copy** via our secure Document Upload facility on Investor Online or AdviserNET (accessed from Forms > Document Upload menu).

**Questions?** Call us on 1800 998 185 or send us a message at [www.asgard.com.au/contact](http://www.asgard.com.au/contact)

