

### SECTION 1: YOUR DETAILS (MANDATORY)

Investor number (if known)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr

Given name(s)

Family name

Gender ☐ Male ☐ Female

Are you known by any other name(s)?

☐ Yes (insert below) ☐ No

Date of Birth (DD/MM/YYYY)

 /  / 

Permanent residential address (cannot be a PO Box)


 State  Postcode

Country, if not Australia

Occupation (if completing hard copy of form, please refer to the online form to select ONE occupation from the drop down list)

Employment Type:

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

### 1.1 CONTACT DETAILS

Mobile number

Email address

### 1.2 COMPLETE IF YOU ARE A SOLE TRADER

Full Business Name (if any)

ABN (if any)

### 1.2 COMPLETE IF YOU ARE A SOLE TRADER *continued*

Principal place of business (cannot be a PO Box)


 State  Postcode

Country, if not Australia

Industry type

### SECTION 2: TAX RESIDENCY (MANDATORY)

Are you a resident of a country other than Australia for tax purposes?

☐ Yes. Date you became a non-resident for tax purposes (complete section 2)

 /  / 

☐ No (proceed to section 3)

Provide the country/countries outside of Australia in which you are 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 3: ADDITIONAL INFORMATION (MANDATORY)

#### 3.1 SOURCE OF FUNDS

This refers to where your funds came from in regard to deposits into the account. For example, if your superannuation contribution is made by your employer you would select salary/wages. Please note you may have multiple sources of funds. Please indicate all sources of funds below.

- |  |   |
|--|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Superannuation/pension   |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Commission               |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Rental income            |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Government benefit       |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Redundancy               |
| <input type="checkbox"/> Gift/donation                       | <input type="checkbox"/> Inheritance              |
| <input type="checkbox"/> Windfall                            |   |
| <input type="checkbox"/> Additional Sources (Please specify) |   |


#### 3.2 SOURCE OF WEALTH

This refers to where or how you have built your net worth. For example, if your assets have been gained through savings from your salary you would select 'employment income'. Please note that you may have multiple sources of wealth. Please indicate all sources of wealth below.

- |  |   |
|--|---|
| <input type="checkbox"/> Employment income/earnings          | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Superannuation/pension   |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Redundancy               |
| <input type="checkbox"/> Owns real estate/property           | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Government benefit       |
| <input type="checkbox"/> Insurance payment                   |   |
| <input type="checkbox"/> Gift/donation                       |   |
| <input type="checkbox"/> Inheritance                         |   |
| <input type="checkbox"/> Windfall                            |   |
| <input type="checkbox"/> Additional Sources (Please specify) |   |


#### 3.3 PRIVACY STATEMENT AND CONSENT REQUEST

##### 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.

##### Consent Request

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

If you do not consent to Westpac's collection of any such sensitive information, you may verify your identity in person at any Westpac branch.

#### SECTION 4: DOCUMENT VERIFICATION PROCEDURE (MANDATORY)

Complete this form and provide the relevant certified identity document/s as outlined in Part I OR Part II.

##### Important

The ID documents you supply must:

- be an original certified copy. (for guidance on how to certify your Identity documents and who can certify, refer to Appendix A of this form.)
- be valid, clear and must not be cancelled, defaced or mutilated. Where applicable, the ID cannot be expired (unless specified)
- 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.

#### PART I – Primary Photographic Identification Document (documents must be valid and not expired)

Tick	Select ONE document from this section only
<input type="checkbox"/>	Australian State/Territory driver's licence that contains a photo and signature.
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Australian State/Territory ID card that contains a photo and signature.
<input type="checkbox"/>	Foreign passport or travel document issued by a foreign government, the United Nations or an agency of the United Nations (must not be cancelled, defaced or mutilated) which contains either a signature OR a unique identifier of the person.
<input type="checkbox"/>	Foreign driver's licence that contains a photo and/or signature of the person in whose name it was issued.
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains a photo and signature of the person in whose name the card was issued.



**PART II – Primary Non-Photographic Identification Document AND ONE Secondary Identification Document (complete only if you cannot provide documents from Part I)**

Tick	Select ONE Primary Non-Photographic Document from this section
<input type="checkbox"/>	Australian birth certificate (or extract issued by State or Territory)
<input type="checkbox"/>	Australian Citizenship Certificate (including a Citizenship by Descent Certificate)
<input type="checkbox"/>	Pension card issued by Department of Human Services
<input type="checkbox"/>	Health card issued by Department of Human Services
Tick	AND ONE Secondary Identification Document from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the last 12 months showing the provision of financial benefits to the individual and which contains the individual's name and residential address.
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the last 12 months showing 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"/>	A document issued by a local government body or utilities provider within the last 3 months showing the provision of services to that address or to that person (the document must contain the individual's name and residential address).

**SECTION 5: APPLICANT DECLARATION AND CONSENT (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.
- I agree to the consents in Section 3.3 Privacy Statement and Consent Request Section.

<div></div>	Date (DD/MM/YYYY) <div>/ /</div>
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Signatory's full name (please print)

Note: If you are not the Applicant please indicate the capacity in which you are signing the form. If signing under a power of attorney or guardianship please also attach a certified copy of the power of attorney or guardianship order and complete a separate individual identification form.

Capacity

**SECTION 6: 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 individual (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 DOCUMENTS DETAILS Document 1**

Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer	
Issue Date	/ /
Expiry Date	/ /
Document Number	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**ID DOCUMENTS DETAILS Document 2 (if required)**

Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer	
Issue Date	/ /
Expiry Date	/ /
Document Number	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**By completing and signing this Verification of ID I declare that:**

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

AFSL Name (if applicable)

AFSL Number

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)



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