

IDENTIFICATION FORM: AUSTRALIAN REGULATED TRUSTS & TRUSTEES



GUIDE TO COMPLETING THIS FORM

o Complete the following in **BLOCK LETTERS**:

Section 1 (all parts) – all trusts.

AND select ✓ and complete one of the following sections for the trustees:

Section 2 (applicable parts) – selected trustee is an Individual .

Section 3 (applicable parts) – selected trustee is an Australian Company.

SECTION 1: TRUST DETAILS

1.1 General Information

| | |
|---------------------------------|----------------------|
| Full name of trust | <input type="text"/> |
| Full business name (if any) | <input type="text"/> |
| Country where trust established | <input type="text"/> |

1.2 Type of Trust (select ✓ only one of the following trust types and provide the information requested)

| Tick ✓ | Select one of the following type of Regulated Trust |
|--------------------------|--|
| <input type="checkbox"/> | Self-Managed Superannuation Fund Provide the SMSF's ABN <input type="text"/> |
| <input type="checkbox"/> | Registered managed investment scheme Provide Australian Registered Scheme Number (ARSN) <input type="text"/> |
| <input type="checkbox"/> | 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 <input type="text"/> |
| <input type="checkbox"/> | Government superannuation fund Provide name of the legislation establishing the fund <input type="text"/> |
| <input type="checkbox"/> | 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) <input type="text"/> Provide the Trust's ABN or registration/licensing details <input type="text"/> |

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: INDIVIDUAL DETAILS (to be completed for individual trustees)

Trustee One

| | | | |
|--|----------------------|----------------------------|----------------------|
| Full Given Name(s) | Surname | Date of Birth (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential Address (PO Box is NOT acceptable) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Trustee Two

| | | | |
|--|----------------------|----------------------------|----------------------|
| Full Given Name(s) | Surname | Date of Birth (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential Address (PO Box is NOT acceptable) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Trustee Three

| | | | |
|--|----------------------|----------------------------|----------------------|
| Full Given Name(s) | Surname | Date of Birth (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential Address (PO Box is NOT acceptable) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)

3.1 General Information

Full name as registered by ASIC

ACN

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

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

Street

Suburb State Postcode Country

3.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the trustee company and provide the information requested)

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

Australian listed company

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

3.3 Company Type (select ✓ only ONE of the following categories)

Public - Listed *If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now **COMPLETE**.*

Public - Unlisted *Continue to Section 3.5*

Proprietary *Continue to Section 3.4*

3.4 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

| | Full given name(s) | Surname |
|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> |

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

3.5 Beneficial owners / Shareholders (only needs to be completed for unlisted public companies, proprietary companies that are not regulated companies as selected in Section 3.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital. If there is no one under this category then please provide any individual who is entitled (directly or indirectly) to exercise 25% of more of the voting rights (including a power of veto) and if there is no one that satisfies either of these categories, then provide the details of any individual who holds the position of senior managing official (or equivalent).

Beneficial owner 1

Full given name(s) Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Beneficial owner 2

Full given name(s) Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Beneficial owner 3

Full given name(s) Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

SECTION 4: 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 4.

4.1 Tax Status

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

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

- Deemed Compliant Financial Institution
- Excepted Financial Institution
- Exempt Beneficial Owner
- Non Reporting IGA Financial Institution
- Nonparticipating Financial Institution
- Other (describe the Trust's FATCA status in the box provided)