IDENTIFICATION FORM
UNREGULATED AUSTRALIAN TRUSTS, SMSFs & FOREIGN TRUSTS

GUIDE TO COMPLETING THIS FORM

- *This form is for Self Managed Superannuation Funds, and Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator should complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.*
- *Provide information about the Trust (Section 1), beneficiaries (Section 2), Trustee(s) (Section 3) and beneficial owners (Section 4) and complete the Trust verification procedure (Section 5). Provide separate Customer ID Forms for the Trustee(s) and beneficial owners as necessary. Refer to your (or your licensee's) AML/CTF program.*
- *If completing by hand, complete applicable sections in block letters. Contact your licensee if you have any queries.*

SECTION 1 – MANDATORY IDENTIFICATION INFORMATION

Section 1.1 Information on the Trust

Full name of the Trust	
Full business name of the Trust (if any)	
Any other names the Trust is commonly known by	
Any unique identifier for the trust (eg ABN)	
Principal place of business or operations	
Document which governs the Trust (eg trust deed, legislation, etc.)	
Provide description of industry or sector and, if applicable, products / services offered as a Trust	
Nature of services sought	
Provide reasons for seeking the specified services	

Sanctions

Targeted financial sanctions (TFS) are measures that a government or the United Nations Security Council imposes in response to a situation of international concern. Refer to the Department of Foreign Affairs and Trade (DFAT) and Australian Sanctions Office (ASO) website for the government's Consolidated List listing all persons and entities designated for TFS.

Is the Trust subject to targeted financial sanctions? ☐ Yes ☐ No

1.2 Type of Trust

Tick ✓ Select one of the following types of Trusts

☐ Family Trust ☐ Charitable Trust ☐ Testamentary Trust

☐ Self-Managed Superannuation Fund ☐ Other *(please specify)* _____

Registered managed investment schemes, government superannuation funds and other regulated Trusts should complete the **AUSTRALIAN REGULATED TRUSTS &TRUSTEES IDENTIFICATION FORM**.

SECTION 2 – MANDATORY BENEFICIARY IDENTIFICATION INFORMATION

Section 2.1: Beneficiaries

Is it possible to identify or name any of the beneficiaries of the Trust? ☐ Yes (*Complete sections 2.1.1 and 2.1.2)* ☐ No (*ONLY complete section 2.1.2*)

Section 2.1.1: Named beneficiaries

Please name each beneficiary named under the Trust (including any non-individual beneficiaries):

1 _____ 3 _____

2 _____ 4 _____

If there are more beneficiaries, provide details on a separate sheet and tick this box ☐

Section 2.1.2: Class of beneficiaries

If applicable, please describe each class of beneficiaries under the Trust (eg unit holders, family members of named person, charitable organisation/causes):

1 _____

2 _____

If there are more classes of beneficiaries, provide details on a separate sheet and tick this box ☐

SECTION 3 – MANDATORY TRUSTEE IDENTIFICATION INFORMATION

Identification information is required for the Trustee(s) representing the Trust in receiving designated services. Please provide the names of all relevant trustees. If there is a corporate Trustee, provide the names of all directors on the board of the corporate Trustee. Each identified Trustee must complete separate identification forms depending on their entity type (eg the INDIVIDUAL IDENTIFICATION FORM, COMPANY IDENTIFICATION FORM or FOREIGN COMPANY IDENTIFICATION FORM).

Please provide identification information for individual Trustees (section 3.1) and corporate Trustees (section 3.2) as relevant.

Section 3.1: Individual Trustees (List all individual Trustee(s) representing the Trust in receiving designated services)

Full given name(s) _____ Surname _____

Full given name(s) _____ Surname _____

For each individual Trustee, complete the INDIVIDUAL IDENTIFICATION FORM. If there are more trustees, provide details on a separate sheet and tick this box ☐

Section 3.2: Company Trustee (List all corporate Trustee(s) representing the Trust in receiving designated services. For each identified Trustee, complete either the COMPANY IDENTIFICATION FORM or other ID Form as applicable in addition to this form)

Full name of Trustee as registered by ASIC _____

For each company Trustee, complete the COMPANY IDENTIFICATION FORM. If there are more trustees, provide details on a separate sheet and tick this box ☐

Full given name(s) of director of Trustee

1 _____ _____

2 _____ _____

3 _____ _____

4 _____ _____

If there are more trustee(s) or directors, provide details on a separate sheet and tick this box ☐

Section 3.3: Authority to Act (For any Trustee representing the Trust to receive designated services, provide information on the Trustee's authority to act as trustee of the Trust (eg by way of trust deed, etc.))

Authority to act as trustee: _____

SECTION 4 – OWNERSHIP, CONTROL AND BENEFICIAL OWNERSHIP INFORMATION

4.1 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control^ the Trust. If this is confirmed to be an individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

^Control, in this context, means having the capacity to control the composition of a governing body (eg the trustees, or any managers or committees of the Trustee), or having the ability to determine the outcome of decisions about the financial and operating policies of the trust - this could include control through the capacity to direct the Trustee(s), or the ability to appoint or remove the Trustee(s). This may include a settlor, appointor, guardian or protector of the trust (or foreign equivalent). It may also include the beneficiary of a bare trust.

Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).

Full given name(s)	Surname	Role *(such as Trustee or Appointor)*

If there are more Beneficial Owners, provide details on a separate sheet and tick this box ☐

4.2 Other individuals responsible for the trust

If there are any other individuals who have primary responsibility for the governance and executive decisions of the trust, who have not been named above, please list the full names of all such individuals below.

Full given name(s)	Surname	Role *(such as Trustee or Appointor)*

SECTION 5 – VERIFICATION PROCEDURE FOR UNREGULATED TRUSTS

This table must be completed for all Customers that are an unregulated trust. You must verify the information which corresponds with the ML/TF risk of the customer. Refer to your, or your licensee's, AML/CTF policies.

	Information to be verified *(select all which apply)*	Documentary and/or electronic verification	Description of verification document or process *(for example, ASIC's professional registers, ABN Lookup, Trust Deed)*	Document number / description of the document	Document issue date (if applicable)	Document expiry date (if applicable)
☐	Full name of the Trust	☐ Documentary ☐ Electronic				
☐	Full business name, or any other name, of the Trust	☐ Documentary ☐ Electronic				
☐	The ABN or other unique identifier issued to the Trust	☐ Documentary ☐ Electronic				
☐	Principal place of business	☐ Documentary ☐ Electronic				
☐	Governance document(s) of the Trust	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
☐	The Trustee's authority to act as trustee of the Trust	☐ Documentary ☐ Electronic				

SECTION 6 – ENHANCED CUSTOMER DUE DILIGENCE PROCEDURE FOR UNREGULATED TRUSTS

This section is to be completed ONLY where the Customer is assigned a high ML/TF risk rating by the reporting entity, or if you are required to complete Enhanced Customer Due Diligence (ECDD) under your (or your licensee's) AML/CTF program. You must verify the information which corresponds with the ML/TF risk of the customer. Refer to your (or your licensee's) AML/CTF program for the ECDD procedures you must apply. The following is not a complete list of ECDD information that could be collected and verified. There may be additional ECDD processes you need to follow in your (or your licensee's) AML/CTF program.
This section is to be completed in addition to sections 1-5 above.

Source of funds and source of wealth
Source of funds refers to how and where the company received the funds for the specific transaction and/or services being sought, for example, salary and wages, business income, dividends and investment income, proceeds from sales of real estate or personal property, or gifts or inheritance.

Provide information about the Trust's source of funds

Source of wealth refers to where the company's entire wealth and assets come from. This can be from economic, business or commercial activities, along with other circumstances that generated, or significantly contributed to, the company's overall net worth.

Provide information about the Trust's source of wealth

Enhanced CDD Verification Procedure

Information to be verified *(select all which apply)*	**Documentary and/or electronic verification**	**Description of verification document or process** ***(for example, Trust Deed, letter from accountant or lawyer, driver's licence or passport, etc.)***	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐ Industry / sector and products / services provided by the Trust	☐ Documentary ☐ Electronic				
☐ Nature of services sought	☐ Documentary ☐ Electronic				
☐ Reasons for seeking designated services	☐ Documentary ☐ Electronic				
☐ Source of funds	☐ Documentary ☐ Electronic				
☐ Source of wealth	☐ Documentary ☐ Electronic				
☐ The identity of all beneficiaries of the Trust	☐ Documentary ☐ Electronic				
☐ The identity of any other person with responsibility over the Trust	☐ Documentary ☐ Electronic				

SECTION 7 - DECLARATION

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;
- Customer ID Forms have been provided for the Trust's Trustee(s); and
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners.

AFS Licensee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	