

Identification Form - Partnerships & Partners



INSTRUCTIONS

- This form is for PARTNERSHIPS & PARTNERS
- Provide details for the Partnership's Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners, page 6
- Provide a separate Customer ID Form for ONE of the Partners (Section 1.4), page 6, unless an ID Form has been provided for this partner as a Beneficial Owner
- Tax information must be collected from an authorised representative of the Partnership
- Black or blue pen please.
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on 1300 133451

ISSUER DETAILS

1. Issuer/Fund Name:
2. Security Code:
3. HIN/SRN/Investor Number:

SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Partnership

Registered business name of Partnership (if any)

Country where Partnership established (if not established in Australia)

1.2 Type of Partnership (whether the Partnership is regulated by a professional association and if so, provide the information requested)

Is the Partnership regulated by a professional association?

Yes (Provide details below)

No

Provide name of association

Provide membership details

1.3 Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the Partnership, including power of veto?

Yes (Complete 1.3.1)

No (Complete 1.3.2)

1.3.1 Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto .

Complete a separate individual customer ID form for each of these individuals.

Full given name(s)

Surname

If Beneficial Owner name/s are provided above, proceed to section 1.4.

SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE (CONTINUED)

1.3.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.3.1, provide the names of the individuals who directly or indirectly control* the Partnership.

*includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the Partnership (such as the Managing Partner or Senior Managing Official) .

Complete a separate individual customer ID form for each of these individuals.

Full given name(s)	Surname	Role (such as Senior Managing Partner)
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If there are more Beneficial Owners, provide details on a separate sheet and tick this box

1.4 Partnership Details – ALL Partnerships

Provide the name of one of the Partners AND complete a separate customer ID form for this Partner (unless this Partner has already provided a customer ID form in section 1.3).

Partner

Full given name(s)/ Business name	Surname
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1.5 Partnership Details - Partnerships not regulated by a professional association

If the Partnership is not regulated by a professional association, provide the names and addresses of all the other Partners.

Partner 1

Full given name(s)/ Business name	Surname
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Street

Suburb	State	Postcode	Country
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Partner 2

Full given name(s)/ Business name	Surname
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Street

Suburb	State	Postcode	Country
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Partner 3

Full given name(s)/ Business name	Surname
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Street

Suburb	State	Postcode	Country
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If there are more Beneficial Owners, provide details on a separate sheet and tick this box

SECTION 2: TAX INFORMATION

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

2.1 Tax Status

Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes).

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

If the company 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

Nonparticipating Financial Institution

US Financial Institution

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

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes

No

If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at

<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>

An Active Non-Financial Entity (NFE) (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

Other (Partnerships that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Beneficial Owners)

2.2 Foreign Controlling Persons

Are any of the Partnership's Beneficial Owners tax residents of countries other than Australia? Yes No

* A Controlling Person is any individual who directly or indirectly owns or controls the Partnership and includes all Partners or Senior Managing Officials.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided in 1.3 as Beneficial Owner or 1.4 as the identified Partner)

Full given name(s)	Surname	Role (Partner or Senior Managing Official)
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If there are more Beneficial Owners, provide details on a separate sheet and tick this box

SECTION 2: TAX INFORMATION (CONTINUED)

2.3 Country of Tax Residency

Is the Partnership a tax resident of a country other than Australia?
(A Partnership created or established under the laws of a country other than Australia) Yes No

If the Partnership is a tax resident of a country other than Australia, please provide its tax identification number (TIN) or equivalent below. If it is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: PARTNERSHIP VERIFICATION PROCEDURE

Partnership verification procedure

Information to be verified:

- Complete Part I (for all Partnerships) and
- Complete Part II (if the Partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify Partnership name

Verification options (select one of the following options used to verify the Partnership)

An original, a certified copy or certified extract of the Partnership agreement.*

A certified copy or a certified extract of minutes of a Partnership meeting.*

An original current membership certificate (or equivalent) of a professional association.*

Membership details independently sourced from the relevant professional association.*

A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).

A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment. Block out the TFN before scanning, copying or storing this document.

An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.*

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Verification options (select one of the following options used to verify the Partnership)

An original current membership certificate (or equivalent).*

Membership details independently sourced from the relevant association.*

* Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator.

SECTION 3: PARTNERSHIP VERIFICATION PROCEDURE (CONTINUED)

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for EACH of the Partnership’s Beneficial Owners as per 1.3 AND
- Ensure that a customer ID Form has been provided for ONE of the Partners as per 1.4 AND
- Either attach a legible certified copy of the ID documentation used to verify the Partnership and selected partner (and any required translation) 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 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	Document 1			Document 2 (if required)		
	Performed search	Original	Certified copy	Performed search	Original	Certified copy
Verified From						
Document Issuer / Website						
Issue Date						
Document Number						
Accredited English Translation	N/A	Sighted		N/A	Sighted	

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;
- Individual Customer ID Forms have been provided for all of the Partnership’s Beneficial Owners;
- Customer ID Forms have been provided for one of the Partners 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

Identification Form - Individuals

INSTRUCTIONS

- Complete one form for each individual.
- Tax information must be collected from the individual
- Contact your licensee if you have any queries.
- Black or blue pen please
- Please use BLOCK letters.
- Print ✓ in the appropriate boxes.
- If you have any questions about this form please contact us on 1300 133451

SECTION 1: PERSONAL DETAILS

Full given name(s) Surname Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C
2. Country	TIN	If no TIN, list reason A, B or C
3. Country	TIN	If no TIN, list reason A, B or C

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the individual's full name; and EITHER their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your licensee if the individual is unable to provide the required documents.

Part I – Acceptable Primary Photographic Id Documents

Select ONE valid option from this section only

Australian State / Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable Secondary Id Documents

- Should Only Be Completed If The Individual Does Not Own A Document From Part I

Select ONE valid option from this section

Australian birth certificate

Australian citizenship certificate

Pension card issued by Department of Human Services (previously known as Centrelink)

AND ONE valid option from this section

A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address

A document issued by the Australian Taxation Office within the preceding 12 months that records 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.

A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS

- Should only be completed if the individual does not own a document from Part I

Select ONE valid option from this section only

Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*

National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation)

OR

- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section next and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT	Document 1		Document 2 (if required)	
	Original	Certified copy	Original	Certified copy
Verified From				
Document Issuer				
Issue Date				
Expiry Date				
Document Number				
Accredited English Translation	N/A	Sighted	N/A	Sighted

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