

GUIDE TO COMPLETING THIS FORM

- o This form is to be used for non-individual customers (eg company, trust etc) who appoint a verifying officer to identify the customer's agents/signatories. This form is to be completed each time the customer appoints a new verifying officer. The product issuer will identify each verifying officer, who will in turn be responsible for identifying the customer's agents/signatories.
- o Complete all sections of the form in **BLOCK LETTERS**.

SECTION 1: CUSTOMER DETAILS

Name of Company, Trust, Partnership, Association, Registered Co-Operative or Government Body

SECTION 2: VERIFYING OFFICER DETAILS

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 3: CUSTOMER AUTHORISATION OF VERIFYING OFFICER

I/we declare that the above verifying officer is an employee, agent or contractor of the above customer and is duly authorised to act as a verifying officer for the customer.

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

SECTION 4: DECLARATION BY VERIFYING OFFICER

I agree to:

- a) identify the agents or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and will provide the product issuer with the full name and signature of each agent or signatory.
- b) collect the following details from each agent or signatory:
 - (1) Full name of agent/signatory;
 - (2) Title of the position/role held by the agent/signatory with the customer;
 - (3) A copy of the agent/signatory's signature; and
 - (4) Evidence of the agent/signatory's authorisation to act on behalf of the customer.
- c) make a record of the above details for each agent/signatory which will be retained by the customer.

Signature of Verifying Officer

Date dd/mm/yyyy

SECTION 5A: VERIFICATION PROCEDURE

- If you have a financial adviser, they will verify your identity and complete Sections 5A, 5B and 5C. Your financial adviser will contact their licensee if you are unable to provide the required documents.
- If you do not have a financial adviser, complete Section 5A and provide original certified copies of identification documents. Contact the product issuer if you are unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

| | |
|--------------------------|--|
| Tick ✓ | Select ONE valid option from this section only |
| <input type="checkbox"/> | Australian State / Territory driver's licence containing a photograph of the person |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the preceding 2 years is acceptable) |
| <input type="checkbox"/> | Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person |
| <input type="checkbox"/> | 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

| | |
|--------------------------|--|
| Tick ✓ | Select ONE valid option from this section |
| <input type="checkbox"/> | Australian birth certificate |
| <input type="checkbox"/> | Australian citizenship certificate |
| <input type="checkbox"/> | Pension card issued by Centrelink |
| <input type="checkbox"/> | Health card issued by Centrelink |
| Tick ✓ | AND ONE valid option from this section |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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. <i>Block out the TFN before scanning, copying or storing this document.</i> |
| <input type="checkbox"/> | 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) |

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

| | |
|--------------------------|--|
| Tick ✓ | BOTH documents from this section must be presented |
| <input type="checkbox"/> | Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth* |
| <input type="checkbox"/> | 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.

SECTION 5B: RECORD OF VERIFICATION PROCEDURE

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

IMPORTANT:

- Attach a legible copy of the ID documentation used to verify the individual (and any required translation).
- Alternatively, if agreed between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

| ID DOCUMENT DETAILS | Document 1 | Document 2 |
|--------------------------------|---|---|
| Verified From | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy | <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 | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted |

SECTION 5C: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

| | | | |
|----------------------------|----------------------|-----------|----------------------|
| Date Verified (dd/mm/yyyy) | <input type="text"/> | | |
| Financial Planner's Name | <input type="text"/> | Phone No. | <input type="text"/> |
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |

SECTION 6: AUTHORISED AGENTS/SIGNATORIES

- o *The Verifying Officer can use this section of the form to provide the product issuer with the details of the authorised agents/signatories. Alternatively, if agreed with the product issuer, the Verifying Officer can provide all of the details comprised in this section using another method.*
- o *The Verifying Officer is to provide the product issuer with a new list comprising of the agents/signatories details, as and when required.*

SECTION 6A: CUSTOMER DETAILS

Name of Company, Trust, Partnership, Association, Registered Co-Operative or Government Body

SECTION 6B: AGENTS/SIGNATORIES DETAILS

The following individuals are authorised to act on behalf of the above customer:

| | Surname | Given Name(s) | Signature |
|----|---------|---------------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

If there are more agents/signatories, please attach a separate document including all of the details comprised in this section.

Signature of Verifying Officer

Date dd/mm/yyyy