Identification Form - Registered Co-operative

APEX

INSTRUCTIONS

- This form is for REGISTERED CO-OPERATIVES
- Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners, page 4
- Tax information must be collected from an authorised representative of the Registered Co-operative
- 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

UER DETAILS						
lssuer/Fund Name:						
Security Code:						
HIN/SRN/Investor Number:						
SECTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE						
General Information						
name of Registered Co-operative						
vide ID number issued by relevant registrat	ion body (if any)					
name of the following (or equivalent in eac	h case):					
Full given name(s)		Surname				
irman						
retary						
asurer						
1.2 Address Information (select and provide ONE of the following)						
Principal place of operations (PO Box is NOT acceptable)						
eet						
urb	State	Postcode	Country			
Registered office (PO Box is NOT acceptable)						
eet						
urb	State	Postcode	Country			
Name & Residential address of the Secretary (PO Box is NOT acceptable)						
Given Name(s) of officer (if applicable)	Surname		Position			
eet						
urb	State	Postcode	Country			
	Issuer/Fund Name: Security Code: HIN/SRN/Investor Number: CTION 1: REGULATED TRUST IDENTIFICATION of Registered Co-operative (vide ID number issued by relevant registration name of the following (or equivalent in each Full given name(s)) irman retary asurer Address Information (select and provide) Principal place of operations (PO Box is left urb) Registered office (PO Box is NOT acceptated urb) Name & Residential address of the Secretical Company (PO Box is left urb) Name & Residential address of the Secretical Company (PO Box is left urb) Name & Residential address of the Secretical Company (PO Box is left urb) Name & Residential address of the Secretical Company (PO Box is left urb) Name & Residential address of the Secretical Company (PO Box is left urb) Name & Residential address of the Secretical Company (PO Box is left urb)	Issuer/Fund Name: Security Code: HIN/SRN/Investor Number: CTION 1: REGULATED TRUST IDENTIFICATION PROCED General Information name of Registered Co-operative vide ID number issued by relevant registration body (if any) name of the following (or equivalent in each case): Full given name(s) irman retary asurer Address Information (select and provide ONE of the follow Principal place of operations (PO Box is NOT acceptable) et urb State Registered office (PO Box is NOT acceptable) et urb State Name & Residential address of the Secretary (PO Box is NOT Given Name(s) of officer (if applicable) Surname	Issuer/Fund Name: Security Code: HIN/SRN/Investor Number: CTION 1: REGULATED TRUST IDENTIFICATION PROCEDURE General Information name of Registered Co-operative vide ID number issued by relevant registration body (if any) name of the following (or equivalent in each case): Full given name(s) Surname Futary assurer Address Information (select and provide ONE of the following) Principal place of operations (PO Box is NOT acceptable) et urb State Postcode Registered office (PO Box is NOT acceptable) et urb State Postcode Name & Residential address of the Secretary (PO Box is NOT acceptable) Given Name(s) of officer (if applicable) Surname			

Go to Section 1.3.

SECTION 1: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE (CONTINUED)

1.3 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the Registered Co-operative, such as the Chairman, President, Treasurer or Secretary.

Complete separate individual customer ID Forms for each of these individuals

Full given name(s) Surname Role (such as Chairman, President, etc.)

Please Note: Beneficial Owner/s must be listed above and have individual ID Forms completed for all Beneficial Owners.

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).

Is the Registered Co-operative a tax resident of a country other than Australia?

Yes

No

(A Registered Co-operative created or established under the laws of a country other than Australia)

If Yes, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below. If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

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 an Employee Identification 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: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE

Registered Co-operative Verification procedure Information to be verified:

- Full name of the Registered Co-operative
- ID number issued by relevant registration body (if any)

Verification options (select one of the following options used to verify the Registered Co-operative)

Information provided by ASIC or the relevant registration body responsible for the registration of the Registered Co-operative.*

An original or certified copy or certified extract of the register maintained by the Registered Co-operative.*

An original, certified copy or certified extract of the minutes of a meeting of the Registered Co-operative.*

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

^{*} 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: VERIFICATION PROCEDURE (CONTINUED)

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the registered cooperative's Beneficial Owners as per 1.3
- AND Attach a legible certified copy of the ID documentation used to verify the Registered Co-operative (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 DOCUMENTDocument 1Document 2 (if required)Verified FromPerformed searchOriginalCertified copyPerformed searchOriginalCertified copy

Document Issuer / Website

Document Type

Issue date / Search date

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 the registered co-operative's Beneficial Owners (where applicable)
- 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)

Verified From Original Certified copy Original Certified copy

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