

Client Services contact details

Phone +61 3 9691 6191

Email invest@k2am.com.au

Website www.k2am.com.au

## **Identification form - Trusts & Trustees**

**K2 Asian Absolute Return Fund** 

**K2 Australian Absolute Return Fund** 

**K2 Select International Absolute Return Fund** 

Please complete this form if you are a new investor with K2 or if you are a financial adviser verifying your client who is a new investor. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

- 1. Complete the relevant sections of this identification form, according to the type of trust as set out below, in block letters and using a black pen.
- 2. Make copies of your ID document(s) as applicable and arrange for them to be certified. Please refer to the 'Forms' section of our website for more information on getting your documents certified.
- 3. Include this identification form and certified copies of the ID documents with your initial application form when you send it to us.

| Type of Trust   | Sections to complete  |
|---|---|
| Australian and Foreign registered trusts with individuals as trustees     | Sections 1, 2 and 5 or 6. Section 8 for self-managed super funds. Registered trusts (excluding self-managed super funds) do not need to provide ID documents. |
| Australian and Foreign registered trusts with a public company as trustee | Sections 1, 3 and 5 or 6. Registered trusts do not need to provide ID documents.  |
| Australian registered trusts with a private company as trustee            | Sections 1, 3, 4 and 5.   |
| Foreign registered trusts with a private company as trustee               | Sections 1, 3, 4, 6 and 9.  |
| Australian unregistered trusts with individuals as trustees               | Sections 1, 2, 6, 7 and 8.  |
| Australian unregistered trusts with companies as trustees                 | Sections 1, 3, 4, 6 and 7.  |
| Foreign unregistered trusts with individuals as trustees                  | Sections 1, 2, 6, 7 and 8.  |
| Foreign unregistered trusts with companies as trustees                    | Sections 1, 3, 4, 6, 7 and 9.   |

### Financial adviser verifying your client

- 1. Complete the relevant sections of this identification form, according to the type of trust as set out above, in block letters and using a black pen.
- 2. Either:
  - a. Attach the certified copies of the ID documents used to verify your client (and any required translation)
  - b. Complete section 10 indicating that you have collected and verified your client's identity.
- 3. Include this identification form and certified copies of ID documents (if applicable) with the initial application form when you send it to us.

### Legal notices

K2 Asset Management Ltd AFSL No. 244393 is the issuer of units in the K2 Asian Absolute Return Fund, K2 Australian Absolute Return Fund and K2 Select International Absolute Return Fund (together Funds).

K2 Asset Management Ltd is committed to ensuring the confidentiality and security of your Personal Information. We handle your Personal Information in accordance with the Privacy Act 1988 and Privacy Policy, which can be accessed on our website www.k2am.com.au.

| 1.       | Trust details  |
|----------|--|
| Full nam | e of trust   |
|          |  |
| Country  | where trust established  |
|          |  |
|          |  |
| Please s | elect the source and origin of funds being invested:                               |
| TICK *   |  |
|          | Savings  |
|          | Investment   |
|          |  |
|          | Superannuation contributions   |
|          | Commission   |
|          | Commission   |
|          | Donation/gift  |
|          |  |
|          | Inheritance  |
|          | Normal course of business  |
|          |  |
|          | Asset sale   |
|          | Other - write the source and origin of funds below                                 |
|          |  |
|          |  |
|          |  |
| Type o   | f Truet  |
|          | elect only one of the following trust types and provide the information requested. |
| Re       | egistered Managed Investment Scheme  |
| Δ.       | notability Descriptors of Oak area Newskay (ADON)                                  |
| Au       | stralian Registered Scheme Number (ARSN)   |
| Re       | egulated trust (for example a self-managed superannuation fund)                    |
| Na       | ame of the regulator (for example ASIC, APRA, ATO)                                 |
|          |  |
| Tro      | ust's ABN or registration/licensing number   |
| Go       | overnment superannuation fund  |
| Name of  | legislation under which the fund is established                                    |
|          |  |
|          |  |

| rusi       | t descript | ion (for ex | ample    | fami     | ly, un  | it, ch     | aritab | le es  | state) | )       |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
|------------|------------|-------------|----------|----------|---------|------------|--------|--------|--------|---------|--------|---------|---------|---------|--------|--------|-------|--------|-------|---------------|--------|-------|-------|-----|
|            |            |             | <u> </u> |          |         | Ė          |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | Γ   |
| ) o r      | neficiary  | dotoile     |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
| ea         | se compl   | ete for ur  |          |          | trust   | s. Do      | not    | com    | plete  | if the  | e trus | st is a | a regi  | stere   | d ma   | anag   | ed in | vestn  | nent  | sche          | me, r  | egula | ted 1 | tru |
|            |            | uperannu    |          |          | o bor   | ofici      | orioo  | h. ro  | foror  | to      | mar    | ahara   | hin o   | f a al  | 2      |        |       |        |       |               |        |       |       |     |
| וו כ       |            | of the trus | liden    | ury ur   | e bei   | lelicia    | aries  | оу ге  | ierei  | ice to  | mei    | nbers   | nip o   | i a ci  | ass?   |        |       |        |       |               |        |       |       |     |
|            | Yes        | a af tha ma |          | منطمه    | ماممم   | (22)       | /fa    |        |        | امطائم  | مسماما | fa      | l       | م ما مص | £      |        |       |        | -h    | امامانه       |        | \     |       |     |
| ΟV         | ide detail | s of the m  | embe     | isnip    | Class   | (es)       | (IOI e | хапц   | ole ui | III IIO | luers  | , iaiii | iy iiie | mbe     | 18 01  | патт   | eu pe | 15011, | Criai | паріє         | e purp | Jose) | _     | Г   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | ŀ   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
|            | No         | How mar     | nv ber   | eficia   | aries a | are th     | ere?   |        |        |         | Ple    | ase n   | rovid   | e the   | full r | name   | of ea | ach b  | enefi | ciarv         |        |       |       |     |
| _          |            |             | .,       |          |         |            |        |        |        |         | 1      |         |         |         |        |        |       |        |       | - · - · · · · |        |       |       |     |
| ene<br>tle | eficiary 1 |             | Full     | given    | nam     | es         |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
|            |            |             | ı ull    | 914011   | , marri |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | Γ   |
| ırn        | ame        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
| 1111       | ane        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       | _     | Ī   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
|            | eficiary 2 | ?           |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
| le         |            |             | Full     | given    | nam     | es         |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       | _     | r   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
| ırn        | ame        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | r   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
| ene<br>tle | eficiary 3 | ,           | Full     | given    | nam     | es         |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
|            |            |             | T dii    | 917011   |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | Ī   |
| ırn        | ame        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
| 4111       |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | Ī   |
| _          |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
| ene<br>tle | eficiary 4 | ļ           | Eull     | given    | nom     | .00        |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       |     |
| ue         |            |             | ruii     | giveri   | IIIaiii | <b>C</b> S |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       | _     | Г   |
| ırı        | ame        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
| וווג       | ane        |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       | _     | r   |
|            |            |             |          | <u>.</u> |         |            |        |        |        |         | _      |         | L.      |         |        | L      |       |        |       |               |        |       |       | L   |
| the        | ere are m  | ore benefi  | ciaries  | s, plea  | ase p   | rovid      | e det  | ails c | on a s | separ   | ate s  | heet    | and a   | ttach   | this   | with   | your  | torm.  |       |               |        |       |       |     |
|            |            | e the nam   |          |          |         |            |        |        |        |         |        | _       | _       |         |        |        |       |        |       |               |        |       |       |     |
| pp         | ointor: th | e appointo  | r has    | the p    | ower    | to ap      | poin   | or r   | emov   | e the   | trus   | tees (  | of the  | trust   | . Not  | all tr | usts  | have   | an a  | ppoin         | tor.)  |       |       | _   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        | Щ     |       | ļ   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | L   |
|            |            |             |          |          |         |            |        |        |        |         |        |         |         |         |        |        |       |        |       |               |        |       |       | ı   |

| 2. Indi       | viduals trustee                             | details                             |               |  |       |    |                     |
|---------------|---|-------------------------------------|---------------|--|-------|----|---------------------|
|               | de details for each in                      |                                     |               |  |       |    |                     |
| Trustee 1     |   |                                     |               |  |       |    |                     |
| Title         | Full give                                   | en names                            |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Surname       |   |                                     |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Date of Birth | (dd/mm/yyyy)                                |                                     |               |  |       |    |                     |
| D D N         |   | / Y                                 |               |  |       |    |                     |
|               | ddress. A PO Box/RN<br>ne/building name (if |                                     | t acceptable. |  |       |    |                     |
| Linit         | Ctroat number                               | Street name                         |               |  |       |    |                     |
| Unit          | Street number                               | Street name                         |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Suburb        |   |                                     |               |  | State | Po | stcode              |
|               |   |                                     |               |  |       |    |                     |
| Country       |   |                                     |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Trustee 2     |   |                                     |               |  |       |    |                     |
| Title         | Full give                                   | en names                            |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Surname       |   |                                     |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Date of Rirth | (dd/mm/yyyy)                                |                                     |               |  |       |    |                     |
|               |   | / Y                                 |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Residential a | ddress. A PO Box/RN<br>ne/building name (if | /IB/Locked Bag is no<br>applicable) | t acceptable. |  |       |    |                     |
| 1,1,7         |   | - pp - 1 - 1 - 1                    |               |  |       |    |                     |
| Unit          | Street number                               | Street name                         |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
|               |   |                                     |               |  |       |    |                     |
| Suburb        |   |                                     |               |  | State | Da | estcode             |
| Subulb        |   |                                     |               |  | Siale | PO | วรเบบน <del>ป</del> |
|               |   |                                     |               |  |       |    |                     |
| Country       |   |                                     |               |  | 1 1 1 |    |                     |
|               |   |                                     |               |  |       |    |                     |

If there are more trustees, please provide details on a separate sheet and attach this with your form.

| 3. Co       | ompany trustee           | details               |                  |           |          |   |       |  |       |      |   |
|-------------|--------------------------|-----------------------|------------------|-----------|----------|---|-------|--|-------|------|---|
| Australia   | an company detail        | s - companies inc     | corporated in    | n Austral | lia      |   |       |  |       |      |   |
| Full name   | of company (as regist    | ered by ASIC )        |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| ACN         |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Registered  | office address. A PO     | Box/RMB/Locked Bag i  | s not acceptable | s.        |          |   |       |  |       |      |   |
|             | ame/building name (if    |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Unit        | Street number            | Street name           |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Suburb      |                          |                       |                  |           |          |   | State |  | Posto | code |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Country     |                          |                       |                  |           | 1        |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Place of bu | usiness (if different to | registered office add | ress)            |           |          |   |       |  |       |      |   |
|             | ame/building name (if    |                       | ,                |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Unit        | Street number            | Street name           |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Suburb      |                          |                       |                  |           |          |   | State |  | Posto | code |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Country     |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Dogulato    | ry/listing details       |                       |                  |           |          |   |       |  |       |      |   |
| Regulator i | ry/listing details       |                       |                  |           |          |   |       |  |       |      |   |
| J           |                          |                       |                  |           |          |   |       |  |       |      | Т |
| _icence de  | tails                    |                       |                  |           |          |   |       |  |       |      | _ |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
| Name of st  | ock exchange             |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             | company details -        | companies incor       | porated out      | side of A | ustralia | a |       |  |       |      |   |
| -ull name   | of company               |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |
|             |                          |                       |                  |           |          |   |       |  |       |      |   |

| Country of  | formation/incorporation                           | on/registration        |                  |                 |              |                 |                  |
|-------------|---|------------------------|------------------|-----------------|--------------|-----------------|------------------|
| Registratio | n/identification numbe                            | er                     |                  |                 |              |                 |                  |
| Name of fo  | reign registration bod                            | ly (if applicable)     |                  |                 |              |                 |                  |
|             | office address. If reg is not acceptable.         | istered as a foreign o | company in Aus   | stralia, please | e provide Au | stralian addres | s. A PO Box/RMB/ |
| Property na | ame/building name (if                             | applicable)            |                  |                 |              |                 |                  |
| Unit        | Street number                                     | Street name            |                  |                 |              |                 |                  |
| Suburb      |   |                        |                  |                 |              | State           | Postcode         |
| Subulb      |   |                        |                  |                 |              | State           | rosicode         |
| Country     |   |                        |                  |                 |              |                 |                  |
|             | usiness (if different to<br>ame/building name (if |                        | ress)            |                 |              |                 |                  |
| Unit        | Street number                                     | Street name            |                  |                 |              |                 |                  |
| Suburb      |   |                        |                  |                 |              | State           | Postcode         |
|             |   |                        |                  |                 |              |                 |                  |
| Country     |   |                        |                  |                 |              |                 |                  |
| Regulato    | ry/listing details                                |                        |                  |                 |              |                 |                  |
| Regulator   |   |                        |                  |                 |              |                 |                  |
| Licence de  | tails   |                        |                  |                 |              |                 |                  |
| Name of st  | ock exchange                                      |                        |                  |                 |              |                 |                  |
|             |   |                        |                  |                 |              |                 |                  |
| Australian  | listed company name                               | if majority owned su   | bsidiary of an A | Australian list | ed company   |                 |                  |

| 4. A                     | dditional infor                          | matio     | n for p   | rivate    | com      | panie   | es     |        |        |        |      |      |        |        |        |        |       |     |      |    |
|--------------------------|--|-----------|-----------|-----------|----------|---------|--------|--------|--------|--------|------|------|--------|--------|--------|--------|-------|-----|------|----|
|                          | mplete if the com                        | pany is   | a priva   | te Aust   | ralian d | or Fore | eign c | omp    | any. I | Do no  | t co | mple | te fo  | pub    | lic ar | nd lis | ted c | omp | anie | s. |
| Director                 | s details                                |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| low many                 | directors are ther                       | re?       |           | Provide   | full na  | me of   | each   | direc  | tor    |        |      |      |        |        |        |        |       |     |      |    |
| irector 1                | I  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| itle                     | Ful                                      | ll given  | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| urname                   |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | L  |
| irector 2                | 2  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| tle                      | Ful                                      | ll given  | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | _  |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | L  |
| urname                   |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | _  |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| irector 3                | 3  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| itle                     | Ful                                      | II given  | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| urname                   |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| irector 4                | l  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| tle                      | Ful                                      | ll given  | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| urname                   |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | Г  |
| there are                | e more directors, p                      | olease p  | rovide c  | letails o | n a sep  | parate  | sheet  | and    | attac  | n this | with | your | form   |        |        |        |       |     |      |    |
| Major sh                 | nareholder detail                        | S         |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| lease co                 | omplete for priva                        | te com    |           |           |          |         |        |        | anies  | . Pro  | vide | deta | ails c | of all | sha    | rehol  | ders  | who | ow   | n, |
|                          | r indirectly, more                       | than 2    | 5% of tl  | ne com    | pany's   | issue   | d cap  | oital. |        |        |      |      |        |        |        |        |       |     |      |    |
| <b>lajor sha</b><br>itle | areholder 1                              | II given  | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          | l u                                      | ii giveii | names     |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | Т  |
| urname                   |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | H  |
| umame                    |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      | L  |
|                          | al address. A PO Bo<br>name/building nam |           |           |           | accept   | able.   |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| nit                      | Ctroot                                   | \r_ (     | Stroot == | l l       |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
| nit                      | Street numbe                             | 51 S      | Street na | arrie     |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |
|                          |  |           |           | $\perp$   | _        | -       |        |        |        |        |      |      |        |        |        |        |       |     |      | Ļ  |
|                          |  |           |           |           |          |         |        |        |        |        |      |      |        |        |        |        |       |     |      |    |

| Suburb   | St                      | ate                | Postcode           |
|--|-------------------------|--------------------|--------------------|
|  |                         |                    |                    |
| Country  |                         |                    |                    |
|  |                         |                    |                    |
|  |                         |                    |                    |
| 5. FATCA Information (US Foreign Account Tax Compliance Act) for   | r Australian Regulat    | ed Trusts and Tru  | ustees             |
| Regulated super funds (Self-Managed Superannuation Funds, APRA regula superannuation trusts) are not required to complete section 5 and can proceed  |                         | ernment super fun  | ds or pooled       |
| FATCA Status   |                         |                    |                    |
| Provide the Trust or Trustee's Global Intermediary Identification Number (GI   | IN), if applicable      |                    |                    |
| If we there the Tours we she Tours he are OUNLY when you tide the Tours he FA  | TOA status              |                    |                    |
| If neither the Trust nor the Trustee has a GIIN, please provide the Trust's FA   | I CA status             |                    |                    |
| 6. FATCA Information (US Foreign Account Tax Compliance Act) for Australia   | n Unregulated Trusts a  | nd Trustees and Fo | reign Trusts       |
| Section 6 is not required for Deceased Estates. For Deceased Estates processed   | _                       | na mactodo ana re  | roigii Traoto      |
| Section 6 is not required for Deceased Estates. For Deceased Estates proce   | eed to section 7.       |                    |                    |
| FATCA Status (select only ONE of the following categories and provide the  | information requeste    | d)                 |                    |
| United States Trust (A trust created in the US, established under the  | laws of the US or a L   | JS taxpayer)       |                    |
| Provide the Trust's US Taxpayer Identification Number (TIN)  |                         |                    |                    |
| Is the Trust an exempt payee for US tax purposes?  | Yes                     | No                 |                    |
| If the Trust is a US Trust section 6 is complete, proceed to section 7.  |                         |                    |                    |
| Financial Institution or Trust with a Trustee that is a Financial Ins  |                         |                    | shed for custodial |
| Provide the Trust or Trustees 's Global Intermediary Identification Nur (GIIN), if applicable  | mber                    |                    |                    |
| If neither the Trust nor the Trustee has a GIIN, please provide the Tru-<br>FATCA status   | st's                    |                    |                    |
| If the Trust is a Financial Institution or has a Trustee that is a Financia  | I Institution section 6 | is complete, proc  | eed to section 7.  |
| Other (Trusts that are not US Trusts, Financial Institutions or do not h   | ave Financial Instituti | on Trustees)       |                    |
| Are any of the Trust beneficiaries, trustees or settlors US citizens or retax purposes   | esidents of the US for  | Yes                | No                 |
| If the Trustee is a company, are any of this company's beneficial owner US citizens or residents of the US for tax purposes  | ers (as per section 1)  | Yes                | No                 |
| Provide the name, address and US Taxpayer Identification Number (Twho is a US citizen or resident of the US for tax purposes. Addresses in this form. If there are more the 3 US persons, provide the details of | are only required if t  | hey have not alrea | ady been provide   |

### **US Person 3** Full given name(a)

| ruii ç | jiven  | папп   | e(S)  |         |        |          |     |
|--------|--------|--------|-------|---------|--------|----------|-----|
| Surn   | ame    |        |       |         |        |          |     |
| US T   | IN     |        | _     | _       |        |          | _   |
| Resid  | dentia | al Ado | dress | (PO Box | is NOT | acceptab | le) |
| H      |        |        |       |         |        |          |     |
| H      |        |        |       |         |        |          | L   |
| Cubu   |        |        |       |         |        |          | L   |

## Suburb

| State |  |  |  |  |
|-------|--|--|--|--|

## Country

# Postcode

### Verification procedure - unregistered trusts 7.

**Identification form - Trusts & Trustees** 

**US Person 2** 

Surname

**US TIN** 

Suburb

State

Country

Postcode

Full given name(s)

Residential Address (PO Box is NOT acceptable)

**US Person 1** 

Surname

**US TIN** 

Suburb

State

Country

Postcode

Full given name(s)

Residential Address (PO Box is NOT acceptable)

Verification for Australian and Foreign unregistered trusts

Please enclose a certified copy of ONE of the following documents.

| Tick ✓ | Select ONE option from this section.   |
|--------|--|
|        | A certified copy or certified extract of the trust deed. The certified extract must confirm the name of the trust. |
|        | A notice issued to the trust by a regulatory authority (must not be more than 12 months old).                      |
|        | A letter from a solicitor or qualified accountant that confirms the name of the trust.                             |

Documents written in a language other than English must be accompanied by an English translation prepared by an accredited translator.

### 8. Verification procedure - individuals as trustees

Verification of individual trustees for self-managed super funds and unregistered Australian trusts

Please enclose a certified copy of ONE of the following current documents for one of the individual trustees of the trust.

| Tick √ | Select ONE option from this section.  |
|--------|---|
|        | Driver's licence (both front and back).   |
|        | Passport (only pages containing your photo, current date of passport and signature are required).   |
|        | Any identification card issued under a state or territory law in Australia or by an overseas government which contains your photo, date of birth and signature. |

### Verification of individual trustees for unregistered Foreign trusts

Please enclose a certified copy of ONE of the following current documents for one of the individual trustees of the trust. The certified copy of the driver's licence or passport must show the individual's signature. If it does not, please have the trustee sign their name on the certified copy of the document.

| Tick ✓ | Select ONE option from this section.   |
|--------|--|
|        | Driver's licence (must show the photo, date of birth, address and signature).                                |
|        | Passport (only pages showing the photo, current date of passport, date of birth and signature are required). |

#### 9. Verification procedure - companies as trustees

### Verification of a Foreign company

Please enclose a certified copy of the following documents.

| Tick ✓ | Enclose a certified copy of the following current documents.   |
|--------|--|
|        | The Foreign Company's certificate or registration (or equivalent) issued by the relevant foreign registration/regulatory body indicating all of the following: |
|        | (i) The company's identification/registration number   |
|        | (ii) The date it was incorporated or formed, AND   |
|        | (iii) The company's registered address.  |

Note: If the certificate of registration does not indicate any of the above details, enclose certified copies of other documents issued by independent third parties indicating the above details in addition to enclosing the certificate of registration.

### Verification procedure - Financial advisers

### Record of verification procedure

### Either:

- a. Attach certified copies of the ID documents (as required under sections 7, 8 and/or 9) used to verify your client (and any required translation); OR
- Complete the details below and do not attach copies of the ID documents. By completing this you represent that you have verified your client's trust and trustee details according to the verification procedures in sections 7, 8 and/or 9.

| ID document details            | Document 1 |  |   |   |                |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|------------|--|---|---|----------------|------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Verified from                  |            | Origina  |   |   | Certified copy |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Document name/type             |            |  |   |   |                |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Document issuer                |            |  |   |   |                |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Issue date                     | D          | D  | M | M | Υ              | Υ    | Υ | Υ |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry date                    | D          | D  | М | M | Υ              | Υ    | Υ | Υ |  |  |  |  |  |  |  |  |  |  |  |  |
| Document number                |            |  |   |   |                |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| Accredited English translation |            | N/A  |   |   | Sig            | hted |   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| FATCA                          |            | The FATCA information is reasonable considering the documentation provided |   |   |                |      |   |   |  |  |  |  |  |  |  |  |  |  |  |  |

| ID document details  | Document 2 |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
|--|------------|------|-------|---|-----|--------|------|---|--|---|--|--|---|--|---|---|---|---|--|
| Verified from  |            | Oriç | ginal |   | Cer | tified | сору |   |  |   |  |  |   |  |   |   |   |   |  |
| Document name/type   |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Document issuer  |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Issue date   | D          | D    | М     | М | Υ   | Υ      | Υ    | Υ |  |   |  |  |   |  |   |   |   |   |  |
| Expiry date  | D          | D    | М     | M | Υ   | Υ      | Υ    | Υ |  |   |  |  |   |  |   |   |   |   |  |
| Document number  |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Accredited English translation   |            | N/A  |       |   | Sig | nted   |      |   |  |   |  |  |   |  |   |   |   |   |  |
| FATCA The FATCA information is reasonable considering the documentation provided |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Financial adviser details  |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Date verified  | D          | D    | M     | M | Υ   | Υ      | Υ    | Υ |  |   |  |  |   |  |   |   |   |   |  |
| Authorised Representative Num  | ber (if    | any) |       |   |     |        |      |   |  |   |  |  | T |  |   |   |   |   |  |
| Financial adviser name   |            |      | _     |   | Ţ   |        | _    |   |  | _ |  |  |   |  | _ | _ | _ | _ |  |
| Phone number   | _          | +    | +     | + |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| Dealer group name  | _          | _    | _     |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
|  |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| AFSL number  |            | Т    |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| FATCA  |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |
| The FATCA information is reasonable considering the documentation provided       |            |      |       |   |     |        |      |   |  |   |  |  |   |  |   |   |   |   |  |