

Customer identification form Associations

If you are not an association, you must download and complete the relevant customer identification form from www.perpetual.com.au/customer-id

Alternatively, to order a form or if you have any questions, phone:
Investor Services 1800 022 033
Adviser Services 1800 062 725

If you have provided a customer identification form to Perpetual after 12 December 2007, then you do not need to complete another form unless your details have changed.

About this customer identification form

This form has been designed to meet Perpetual's obligations under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML Act) to identify our customers.

The AML Act regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

Checklist

You must complete the following steps to ensure your application is processed:

- complete ALL required sections in this customer identification form
- provide certified copies of document(s), as requested in this customer identification form, either to us or to your financial adviser
- enclose this completed form with your fully completed application form from the product disclosure statement and send to Perpetual.

Please note that we CANNOT process your application unless the information requested in this form has been provided.



**Customer identification form
Associations**

Please complete this form in black ink, using BLOCK LETTERS.

Section 1: Association details

1.1 General information

full name of association

Provide an ID number issued on incorporation (eg. an ACN) (if any)

Full name of the following (or equivalent in each case):

Chairman/president

first name(s)

last name

Secretary

first name(s)

last name

Treasurer

first name(s)

last name

1.2 Association type (select ✓ only ONE of the following categories)

Incorporated association go to Section 1.3

Unincorporated association go to Section 1.4

1.3 Incorporated association (select ✓ only ONE of the following)

principal place of administration OR registered office

address (PO Box is NOT acceptable)

street

suburb state postcode

country

Go to Section 3

<input type="checkbox"/>	Name & residential address of the public officer (or chairman/president, secretary or treasurer if there is no public officer)										
first given name(s)											
last name											
position											
residential address (PO Box is NOT acceptable)											
street											
suburb						state			postcode		
country											
										Go to Section 3	

1.4 Unincorporated association											
Principal place of administration (PO Box is NOT acceptable)											
street											
suburb						state			postcode		
country											
										Go to Section 2	

Section 2: Individual member identification procedure											
(to be completed by unincorporated associations only)											
Name and residential address of the member who is signing on behalf of the association											
first name(s)											
last name											
position											
residential address (PO Box is NOT acceptable)											
street											
suburb						state			postcode		
country											

Section 3: Association and individual member identification documents

- **If you are applying directly with Perpetual** – You will need to provide a certified copy of the document(s) with your application.
- **If you are lodging this application through a financial adviser** – You may provide a certified copy with your application OR have your adviser sight an original or certified copy of your document(s) and complete the Adviser Record of Verification section in this form.

Section 3.1: Association identification documents

Provide at least ONE of the following:

- in the case of an incorporated association a document provided by ASIC or the government responsible for the incorporation of the association
- an original or certified copy of the constitution or rules of the association
- a certified copy of minutes of a meeting of the association.

Section 3.2: Individual member identification documents (for unincorporated associations only)

Primary ID documents

Provide ONE of the following:

- Australian State/Territory driver's licence containing your photograph (must be current)
- Australian passport (current or a passport that has expired within the preceding two years is acceptable)
- card issued under a State or Territory law for the purpose of proving a person's age containing your photograph (must be current)
- foreign passport or similar travel document containing your photograph and signature (must be current)

If the individual member listed in Section 2 does not have one of these primary ID documents, please refer to the customer identification form for INDIVIDUALS to determine secondary forms of identification that can be provided.

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person in one of the occupations listed below, including all persons described in the Statutory Declarations Regulations 1993.

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original.
[signature and date]'

- A bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax Accountants' Association
- A judge of a court, Justice of the Peace or magistrate
- A legal practitioner
- A medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- A police officer
- A teacher employed on a full-time basis at a school or tertiary education institution
- An accountant who is a member of the Institute of Chartered Accountants in Australia, CPA Australia, the National Institute of Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An Australian Financial Services Licence holder or their authorised representative (includes any licensed financial advisor) with a minimum of 2 years continuous service

IMPORTANT: Please ensure that you have either

- enclosed certified copies of your identity documents OR
- agreed that your adviser will complete the Adviser Record of Verification procedure overleaf.

Section 4: Record of verification procedure (Adviser use only)

This section is to be used by Advisers when a record of verification is provided, rather than certified copies of identity documentation.

Please verify:

1. The existence of the association AND,
2. If an unincorporated association, the individual signing on behalf of the association.

1. Verify association

ID document details	Document 1	Document 2 (if applicable)
Verified from	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
Document name / type	<input type="text"/>	<input type="text"/>
Document issuer / website	<input type="text"/>	<input type="text"/>
Issue date / search date	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

2. Verify individual association member

ID document details	Document 1	Document 2 (if applicable)
Verified from	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
Document name / type	<input type="text"/>	<input type="text"/>
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>