

Customer identification form

Australian regulated trusts and trustees (including self-managed super funds)

If you are not an Australian regulated trust or trustee 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 Australian Regulated Trusts and trustees (including self-managed super funds)

Please complete this form for Australian regulated Trusts & trustees.

Australian regulated trusts are subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator, and include self managed superannuation funds, managed investment schemes and government superannuation funds.

For other types of trusts complete the UNREGULATED TRUSTS & TRUSTEES IDENTIFICATION FORM.

Complete all applicable sections of this form in black ink, using BLOCK LETTERS.

Section 1: Trust details

1.1 General information

Full name of trust

Full business name
(if any)

1.2 Type of Regulated Trust (select one of the following types of Regulated Trusts)

Self-Managed Superannuation Fund

Provide the SMSF's ABN

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

Government superannuation fund

Provide name of the legislation establishing the fund

Other regulated trust (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust, or a public sector superannuation scheme or an APRA-regulated superannuation fund)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration/licensing details

For other types of trusts (e.g. family, unit, charitable, estate) or trusts regulated by a foreign regulatory body, do not use this form but instead complete the **UNREGULATED TRUSTS & TRUSTEES IDENTIFICATION FORM**.

Section 2 – Trustee details (Please complete **EITHER** section 2.1 **OR** section 2.2)

Section 2.1: Individual trustee (To be completed if the selected trustee is an individual)

first name(s)

last name

date of birth

residential address (PO Box is NOT acceptable)

street

suburb

state

postcode

country

Section 2.2 – Company trustee (To be completed if the selected trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form)

2.2.1 Company Details

full name as registered by ASIC

ACN

registered office address (PO Box is NOT acceptable)

street

suburb state postcode

principal place of business (if different to registered office) (PO Box is NOT acceptable)

street

suburb state postcode

2.2.2 Regulatory/Listing details (If the company is regulated or listed, select the relevant category and provide the information requested)

Regulated company (a company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context regulated means subject to oversight beyond that provided by ASIC as a company registration body. Examples of regulated companies include Australian Financial Services Licensees (AFSL), Australian Credit Licensees (ACL) or Registrable Superannuation Entity (RSE) Licensees)

regulator name

licence number (e.g. AFSL/ACL/FSE)

Australian listed company

name of market/exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

name of market/exchange

2.2.3 Company type (Select one of the following company types)

Public (companies whose name does NOT include the word Pty or proprietary; generally listed companies) Go to Section 3.

Proprietary (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies) Go to Section 2.2.4

2.2.4 Directors (To be completed for proprietary companies, not required for public companies as per 2.2.3)

How many directors are there? provide full name of each director below

	first name(s)	last name
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

If there are more directors, provide details on a separate sheet.

2.2.5 Shareholders (To be completed for proprietary companies, not required for public companies as per 2.2.3)

Provide the name and residential address (PO Box is not acceptable) of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1		Shareholder 2		Shareholder 3	
first name(s) <input type="text"/>		first name(s) <input type="text"/>		first name(s) <input type="text"/>	
last name <input type="text"/>		last name <input type="text"/>		last name <input type="text"/>	
residential address (PO Box is NOT acceptable) <input type="text"/>		residential address (PO Box is NOT acceptable) <input type="text"/>		residential address (PO Box is NOT acceptable) <input type="text"/>	
suburb <input type="text"/>	state <input type="text"/>	suburb <input type="text"/>	state <input type="text"/>	suburb <input type="text"/>	state <input type="text"/>
country <input type="text"/>	postcode <input type="text"/>	country <input type="text"/>	postcode <input type="text"/>	country <input type="text"/>	postcode <input type="text"/>

Section 3: Australian regulated trusts and trustees 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.

Provide one of the following for a regulated trust (eg SMSF), a registered managed investment scheme or government superannuation fund:

- an original or certified copy or certified extract of the trust deed
- an original product disclosure statement (PDS), annual report or audited financial statement for the trust
- a copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website (for a government superannuation fund)
- alternatively, if you have a financial adviser they may be able to perform a search of the ASIC, ATO or relevant regulator's website.

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.

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 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"/>