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Section 3 (applicable parts) - selected flustee is ar Australian Company. Sinction 4 (applicable) parts) - selected flustee is a Foreign Company. Only send the completed Sections of the form with the application form. Total your because if you have any quarties. SECTION 1A: TRUST DETAILS 1.1 General Information Full name of trust Full name of trust		IE of the trustees:						
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1	·	provide tuli name of each beneficiary below						
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3 4								
4	2							
	3							
	4							
5								
	5							

If there are more beneficiaries, provide details on a separate sheet

1.4 Trus	tee Details (only complete it	f "Other trust type" i	s selected in s	ection 1.2 a	bove)		
Do NOT c	omplete if the trust is a re	gistered managed	investment s	scheme, reg	ulated trust (e.g. SMSF	or government superannuation fund.
How many	trustees are there?	provide	full name & a	ddress of ea	ch trustee bei	'ow	
Trustee 1							
Full giver	name(s) or Company name	9		Surn	ame		West a succession
Residenti	al address if an individual tru	ustee or company re	egistered offic	e address (F	O Box is NOT a	cceptable)	
Street							
Suburb		State		Postcode		Country	
Trustee 2							
Full giver	name(s) or Company name	e		Surn	ame		
Residenti	al address if an individual tru	ustee or company re	egistered offic	e address (F	O Box is NOT a	acceptable)	
Street				_			
Suburb		State		Postcode		Country	
Trustee 3							
Full giver	name(s) or Company name	9		Surn	ame		
Residenti	al address if an individual tru	ustee or company re	egistered office	e address (F	O Box is NOT a	cceptable)	
Street							
Suburb		State		Postcode		Country	
Trustee 4							
Full given	name(s) or Company name	•		Surna	ame		
Residenti	al address if an individual tru	ustee or company re	egistered office	e address (F	O Box is NOT a	cceptable)	
Street							
Suburb		State		Postcode		Country	
Trustee 5	<u> </u>					1	
Full given	name(s) or Company name	a		Surna	ame		
- u g. r u	mame(e) or company mame	E			arric		
Residenti	al address if an individual tru	ustee or company re	egistered office	e address <i>(P</i>	O Box is NOT a	cceptable)	
Street				•			
Suburb		State		Postcode		Country	
Trustee 6						ı	
	name(s) or Company name			Surna	ma		
i un given	Traine(s) or company hame	·		Suille	ai 116		
Residenti	al address if an individual tru	ustee or company re	egistered office	address (P	O Box is NOT a	cceptable)	
Street		. ,	-				
Suburb		State		Postcode		Country	
						1	L

If there are more trustees, provide details on a separate sheet

SECTION	N 1B: TRUST VERI	FICATION PROCEDI	JRE					
o The full	name of the trust	,	government superannuation fund (as selected in 1 trust or government superannuation fund, as applic	<i>,,</i> , <i>,</i>				
Tick ✓	k ✓ Verification options (select one of the following options used to verify the Trust)							
	Perform a search of th	e ASIC, ATO or relevant re	gulator's website (e.g. "Super Fund Looku	ıp" at www.abn	.business.gov.au).			
	A copy or relevant extr	act of the legislation establi	ishing the government superannuation fur	nd sourced from	n a government website.			
	type" is selected in section 1. name of the trust	2 above, verify:						
Tick ✓	Verification options (select one of the following optic	ons used to verify the Trust)					
	A notice issued by the scanning, copying or s		within the last 12 months (eg a Notice of A	ssessment). B	lock out the TFN before			
			t confirms the name of the trust.	<u></u>				
	An original or certified	copy or certified extract of t	he trust deed.					
Documents	that are written in a lang	guage that is not English mu	ust be accompanied by an English transla	tion prepared b	y an accredited translator.			
SECTION	10: RECORD OF	VERIFICATION PRO	CEDURE					
IMPORTAN		,						
→ Attach	a legible copy of the ID	documentation used to ver	rify the Trust (and any required translation,).				
→ Altern			roduct issuer, complete the ID Document		and DO NOT attach copies of			
ID DOCUM	ENT DETAILS							
Verified Fro	m	Performed search	☐ Original		Certified Copy			
Document Is	ssuer / Website							
Issue date /	Search date							
Accredited E	English Translation	□ N/A	☐ Sighted					
SECTION	LAD. FINANCIAL E	N ANNED DETAIL C			•			
SECTION	TD: FINANCIAL F	PLANNER DETAILS -	- identification and verification	conducted	by:			
Date Verifie	d (dd/mm/yyyy)							
Financial Pla	anner's Name			Phone No.				
AFS License	ee Name			AFSL No.				

Complete ONLY ONE of the following sections, as required, to collect the additional information about the identity of ONLY ONE of the trustees:

- Section 2 (applicable parts) where the selected trustee is an Individual.
- Section 3 (applicable parts) where the selected trustee is an Australian Company.
- Section 4 (applicable parts) where the selected trustee is a Foreign Company.

SECTION 2A: INDIVIDUAL DETAILS (to be completed if selected trustee is an Individual)									
Full Give	en Name(s)		Surname			Date of Birth (dd/mm/yyyy)			
Residential Address (PO Box is NOT acceptable) Only provide address details if not provided in Section 1.4 above.									
Suburb	Suburb State Postcode Country								
If the tru		aged investment so	heme, regulated trust	(eg SMSF) or governmer	nt superannua	ation fund, the form is now			
	= ı E. [·] trust type' is selected	in Section 1.2 abov	ve. complete Sections	2B and 2C below.					
	ON 2B: INDIVIDUA		•						
	ust type" is selected in Sectio lete Part I (or if the trustee do			ER their date of birth OR residen ner Part II or III).	itial address.				
	- ACCEPTABLE PRIMA	····							
Tick ✓	Select ONE valid option	·····							
			containing a photograph	of the person.					
				ng 2 years is acceptable).					
			· · · · · · · · · · · · · · · · · · ·	person's age containing a	photograph of	the person.			
				oh and the signature of the	,	ulo porooni			
Tick ✓	Select ONE valid option	***************************************	EN 15 — snould only be col	mpleted if the individual does not	own a document	trom Part I			
	Australian birth certific								
	Australian citizenship								
	Pension card issued b	y Centrelink.			<u> </u>				
	Health card issued by	Centrelink.							
Tick √	AND ONE valid option								
				ithin the preceding 12 mon and residential address.	iths that record	ds the provision of financial			
	A document issued by	the Australian Taxat	ion Office within the pre	ceding 12 months that reco	ords a debt pa	yable by the individual to the			
	before scanning, copy	the Commonwealth i ing or storing this doc	to the individual), which c <i>ument.</i>	contains the individual's na	ame and resid	ential address. Block out the TFN			
	A document issued by	a local government t	oody or utilities provider	within the preceding 3 mor	nths which rec	ords the provision of services to			
	········	· · · · · · · · · · · · · · · · · · ·		vidual's name and residenti	,				
	**************************************			ted if the individual does not own	a document from	n Part I			
Tick ✓	BOTH documents from			whose name it issued and	the individual	's data of hirth *			
		A-Million Manager and American				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	ON 2C: RECORD C	OF VERIFICATION	N PROCEDURE						
IMPORT									
				ual trustee (and any require		· · · · · · · · · · · · · · · · · · ·			
→ 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 DOCI	JMENT DETAILS	Document 1		Document 2					
Verified F			Configuration			ad Carri			
		☐ Original	☐ Certified Copy	☐ Original	☐ Certifi	еи Сору			
Document Issuer Issue Date									
Expiry Da									
	nt Number								
Accredite	ed English Translation	□ N/A	☐ Sighted	□ N/A	☐ Sighte	ed			

 \square Sighted

SECTION 3A: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company) 3.1 General Information Full name as registered by ASIC ACN Registered office address (PO Box is NOT acceptable) Street Suburb State Postcode Country Principal place of business (if any) (PO Box is NOT acceptable) Street Suburb Postcode State Country 3.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the trustee company and provide the information requested) Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator) Regulator name Licence details Australian listed company Name of market / exchange Majority-owned subsidiary of an Australian listed company Australian listed company name Name of market / exchange 3.3 Company Type (select ✓ only ONE of the following categories) If the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form Public is now COMPLETE. If 'Other trust type' is selected in Section 1.2 above, complete Sections 3B and 3C below. Proprietary Continue to Section 3.4 3.4 Directors (only needs to be completed for proprietary companies) This section does NOT need to be completed for public and listed companies. How many directors are there? provide full name of each director below Full given name(s) Surname 1 2 3 4

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

If the company is a regulated company (as selected in Section 3.2 above) AND the trust type selected in Section 1.2 above is:

- a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.
- o 'Other Trust Type', complete Sections 3B and 3C below.

Otherwise, continue to Section 3.5 below.

3.5 Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 3.2)

Provide details of ALL individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

Sharehold	ler 1					
Full given	name(s)		 s	urname		
Residenti	al address (PO Box is NOT acceptable)					
Street						
Suburb		State	Postco	de	Country	
Sharehold	er 2					
Full given	name(s)		 s	urname		
			╛┕			
Residentia	al address (PO Box is NOT acceptable)					
Street						
Suburb		State	Postco	de	Country	
Sharehold	er 3					
_Full given	name(s)		s	urname		
					-	
Residentia	al address (PO Box is NOT acceptable)					
Street						
Suburb		State	Postco	de	Country	

If the trust type selected in Section 1.2 above, is:

- a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.
- o 'Other Trust Type', complete Sections 3B and 3C below.

SECTIO	ON 3B: AUSTR	ALIAN COMPANY	TRUSTEE	VERIFICATION F	PROCEDURE				
If "Other tru The f Whet	Whether the trustee company is registered as a proprietary or a public company								
Tick ✓	Verification options (select one of the following options used to verify the Company)								
	Perform a search	of the relevant ASIC data	abase.						
	If the ASIC datab	ase is not reasonably ava	ailable, an origi	inal or certified copy of	of the certification of regis	tration issued b	y ASIC.		
For a comport Commonwer If "Other true That is	That the trustee company is a majority owned subsidiary of an Australian listed company (if applicable)								
Tick ✓	Verification onti	ons (select one or more of the	ne following ontic	one used to verify the Co	ompany)				
		of the relevant market/ex		ons ased to verify the Co	ompany)				
		of the relevant ASIC data							
		of the licence or other re-		levant Commonwealt	h State or Territory statu	tory regulator	<u>, </u>		
		nt issued by the relevant o			, otato di Torritory otata	tory rogalator.			
									
SECTIO	N 3C: RECOR	D OF VERIFICATIO	N PROCE	DURE					
IMPORTANT: → Attach a legible copy of the ID documentation used to verify the trustee company. → 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 DOCU	MENT DETAILS	Document 1			Document 2				
Verified F	rom	☐ Performed search	☐ Original	☐ Certified copy	☐ Performed search	☐ Original	☐ Certified copy		
Documen	t Issuer / Website						.,		
Public Do	cument Type								
Issue date	date / Search date								

If the selected trustee is an Australian company, the form is now COMPLETE.

IDENTIFICATION FORM

SE	CTION	4A: FOR	EIGN COMPANY D	DETAILS (to	be con	npleted if	selected	trustee is	a Foreign	Company)
4.1	Genera	l Informatio	n							
Ful	I name of	foreign com	pany							
Co	untry of fo	rmation / inc	corporation / registration							
	Select ✓	if registered	by a foreign body and p	provide name of	body					
4.2	Is the fo	oreign comp	pany registered with A	SIC? (select √	ONE of th	ne following)				
	Yes	Provide AF	RBN							
		Provide El	THER 🗌 principal plac	ce of business a	nddress in	Australia O	R 🗌 local a	igent name a	nd address c	letails (Tick one box)
		Address (P	O Box is NOT acceptable)							, ,
		Street								
		Suburb			State		Postcode		Country	
		Name of lo	cal agent in Australia							
	No		mpany identification nun istration body	nber (if any) iss	ued by the	e [
		Principal pl	ace of business in the c	ompany's count	try of form	nation or inco	rporation (Po	O Box is NOT a	cceptable)	
		Street								
		Suburb			State		Postcode		Country	
4.3	Registe	red Addres	s of Company							
Pro	vide the	registered a	address as registered v corporation or registra	with ASIC. If the	he compa	nny is NOT r	egistered w	ith ASIC, pro	vide the reg	gistered address in the
000	may or ic		corporation of registre							
		Street			State		Postcode	<u> </u>	Country	
		Guburb			State		rosicode		Country	<u> </u>
4.4	Regulat	ory/ Listing	Details (select ✓ each	of the following	categorie	es that apply	to the truste	e company &	provide the i	nformation requested)
	Regula	ted compan	וע) (licensed by an Austra ר	alian Commonw	vealth, Sta	ate or Territor	y statutory r	egulator)		
		Regulator r	name							
		Licence de	tails							
	Listed a	as defined i	n the IFSA/FPA Guidel	ines						
		Name of m	arket / exchange							
	Majority	y-owned su	bsidiary of an Australi	an listed comp	any					
		Australian I	isted company name				-			
		Name of m	arket / exchange							
4.5	Compar	ny Type (sei	lect ✓ only ONE of the f	ollowing categor	ries and p	rovide any in	nformation re	quested)		
	Public	;	If the trust is a reg	gistered manag	ed investr	nent scheme	, regulated t	rust (eg SMS	F) or govern	ment superannuation
			If 'Other trust type		•				C below.	
	Private	e/Proprietai	ry Go to Section 4.6	i below.						
П	Othor		Go to Section 4.6	s helow						

•	directors are there?	provi	de full name of	each director	below			
	Full given name(s)				Surname			
1			···					
2								
3								
4								
•	If there are more director	rs, provide details	on a separate	sheet.				
o n Otherwise, .7 Share	elected in Section 1.2 al ot selected in Section 1 continue to Section 4.7 holders (complete for all ails of ALL individuals w	.2 above, the form ' below. companies other to	n is now COM han public, liste	ed or regulate	, ,	of more than 259	6 of the compa	any's issued capital
harehold	er 1							
Full given	name(s)			Surn	ame			
Full given	name(s)			Surn	ame	, , , , , , , , , , , , , , , , , , , ,		
Residentia	name(s) I address <i>(PO Box is NOT a</i>	acceptable)		Surn	ame			
Residentia		acceptable)		Surn	ame			
Residentia		acceptable) State		Surn	ame	Country		
Residentia Street [Suburb [l address (PO Box is NOT a				ame	Country		
Residentia Street [Suburb [l address (PO Box is NOT a					Country		
Residentia Street [Suburb [l address (PO Box is NOT a			Postcode		Country		
Residentia Street [Suburb [Shareholde Full given	l address (PO Box is NOT a	State		Postcode		Country		
Residentia Street [Suburb [Shareholde Full given	I address (PO Box is NOT a	State		Postcode		Country		
Residentia Street [Suburb [Shareholde Full given Residentia Street [I address (PO Box is NOT a	State		Postcode		Country		
Residentia Street [Suburb [Shareholde Full given Residentia Street [Suburb [I address (PO Box is NOT a	State		Postcode				
Residentia Street [Suburb [Shareholde Full given Residentia Street [Suburb [I address (PO Box is NOT a	State		Postcode	ame			
Residentia Street [Suburb [Shareholde Full given Residentia Street [Suburb [I address (PO Box is NOT a	State		Postcode Surn Postcode	ame			
Residentia Street [Suburb [Shareholde Full given Residentia Street [Suburb [Shareholde Full given	I address (PO Box is NOT a	State		Postcode Surn Postcode	ame			
Street [Suburb [Shareholde Full given Residentia Street [Suburb [Shareholde Full given	I address (PO Box is NOT a Per 2 name(s) I address (PO Box is NOT a Per 3 name(s)	State		Postcode Surn Postcode	ame			

- selected in Section 1.2 above, go to Section 4B.
- o not selected in Section 1.2 above, the form is now COMPLETE.

SECTION 4B: FOREIGN COMPANY TRUSTEE VERIFICATION PROCEDURE

Chandand								
	rerification procedure – for Foreign Companies registered with ASIC							
If "Other trust type" is selected in Section 1.2 above, verify: The full name of the trustee company as registered by ASIC								
	TI APPAUL AL (II A)							
=	whether it is registered as a private company or a public company.							
Tick ✓	Verification options (select one or more of the following options used to verify the Company)							
	Perform a search of the relevant ASIC database.							
	Perform a search of the relevant foreign registration body.							
	If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body.							
Standard	erification procedure – for Foreign Companies NOT registered with ASIC							
	st type" is selected in Section 1.2 above, verify:							
	ull name of the trustee company							
	her it is registered by a foreign registration body and if so							
	whether it is registered as a private or a public company							
1	the identification number issued to the trustee company.							
Tick ✓	Verification options (select one of the following options used to verify the Company)							
	Perform a search of the relevant foreign registration body.							
	If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body.							
	Where the above means are unavailable, a disclosure certificate from the trustee company given by an individual acting as agent of the trustee company (where the agent has been verified). See your licensee for other disclosure certificate requirements.							
0.14 4								
	verification procedure							
Territory sta	any which is a listed company, a majority owned subsidiary of an Australian listed company or is a regulated company (ie licensed by an Australian Commonwealth, State or tutory regulator).							
•	st type" is selected in Section 1.2 above, verify:							
	he trustee company is a listed company (if applicable)							
o That t	he trustee company is a majority owned subsidiary of an Australian listed company (if applicable)							
o That t	he trustee company is a regulated company (if applicable).							
Tick ✓	Verification options (select one of the following options used to verify the Company)							
	Perform a search of the relevant financial market.							
	Perform a search of the relevant ASIC database.							
	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.							
	A public document issued by the relevant company.							
	that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.							
SECTIO	N 4C: RECORD OF VERIFICATION PROCEDURE							
IMPORTA	INT:							

- → Attach a legible copy of the ID documentation used to verify the trustee company (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	☐ Performed search ☐ Original ☐ Certified copy	☐ Performed search ☐ Original ☐ Certified copy
Document Issuer / Website		
Public Document Type		
Issue date / Search date		
Accredited English Translation	□ N/A □ Sighted	□ N/A □ Sighted