

# Verification of Identity - Trust



## TRUST DETAILS

Full name of trust:

Full business name (if any) of the trustee in respect to the trust:

Full address of principal place of business in company's home country (if any):

Postcode:

Type of trust: **Please tick applicable**

Individual OR Family  Regulated Trust (SMSF)\*  Registered managed investment scheme\*  Government Superfund\*

Other:

Country in which the trust was established:  Current Industry:

## SETTLOR OF TRUST

**Not required for trust types marked \* above or if initial sum to establish the trust was less than \$10,000.**

The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Deceased  Minor Contributor (<\$10K)

Full legal name (given name, middle name(s), family name) or Registered Business Name:

**If the trustee is a company the VOI - Company form will also need to be completed.**

## POWER OF ATTORNEY

Will the loan contract be executed under Power of Attorney?  Yes  No

If yes, please provide the following details:

Full Name  DOB:

Residential Address

## FULL LIST OF TRUSTEES

One Trustee must complete the relevant Identification form (individual or company) in all cases and complete the relevant verification requirement unless the Trust is licensed and subject to Australian regulatory oversight. In addition, all other Trustees must provide their name and address unless the Trust is licensed and subject to Australian regulatory oversight.

Full name of Trustee 1:

Residential address (PO Box is not acceptable):

Postcode:

Full name of Trustee 2:

Residential address (PO Box is not acceptable):

Postcode:

Full name of Trustee 3:

Residential address (PO Box is not acceptable):

Postcode:

If there are more than three Trustees attach additional page(s).

## BENEFICIAL OWNER OR CONTROL

Not required for company types marked with a star (\*) or if they are acting as a guarantor.  
**The beneficial owner can be identified using the following rules:**

### Ownership

Shareholders holding 25% or more of the issued **capital** (Direct or Indirect) – the ‘Shareholder’ is any person that owns shares of a company’s stock.

### Control – Only required if Ownership does not apply

Individuals who control 25% or more of the voting rights, including power of veto. – ‘Voting rights’ involves decisions on issuing securities, initiating corporate actions and making substantial changes in the corporation’s operations.

### Management – Only required if Ownership or Control does not apply

Senior Managing Official(s) – the ‘Senior Managing Official’ is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

#### Beneficial Owner 1

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):



State

Postcode

Country

Type  Ownership  Control  Management

#### Beneficial Owner 2

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):



State

Postcode

Country

Type  Ownership  Control  Management

## BENEFICIARIES OF TRUST

(except for a trust that is a registered trust and subject to Australian regulatory oversight)

If the terms of the Trust identify the beneficiaries by reference to membership of a class, provide details:

Full name of Beneficiary 1:

Residential address (PO Box is not acceptable):



Postcode:

Full name of Beneficiary 2:

Residential address (PO Box is not acceptable):



Postcode:

Full name of Beneficiary 3:

Residential address (PO Box is not acceptable):



Postcode:

If there are more than three beneficiaries attach additional page(s).

# Verification of Identity - Trust



## Customer 1

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

## Customer 2

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

## PARTNER USE ONLY

Partner Name:

Company:

Signature

Date:

## IDENTIFICATION DOCUMENTS

Tick those that have been sighted and attach copies to this form

- Original trust deed or certified copy or extract of trust deed.
- A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment) that contains the full name of the trust.
- A letter from a solicitor or qualified accountant that confirms the name of the trust.
- An ASIC search to verify the Managed Investment Scheme (MIS) registered with ASIC.
- Review of Financial Services Guide and Product Disclosure Statement and other public offering documents of the customer to verify that a MIS is not registered with ASIC that only has wholesale customers and does not make small scale offerings.
- Search of ASIC, ATO or relevant regulators websites.

## DOCUMENT DETAILS

To be completed for all States:

### Document 1:

Document Name:  Date of Issue:

State/Country of issue:  Document Number:

Document Expiry Date:  Date Documents Verified:

Location Documents Verified:

### Document 2:

Document Name:  Date of Issue:

State/Country of issue:  Document Number:

Document Expiry Date:  Date Documents Verified:

Location Documents Verified: