

# IDENTIFICATION FORM FOREIGN TRUSTS

## GUIDE TO COMPLETING THIS FORM

- Complete in **BLOCK LETTERS**. Where you have already put the required information in your application form, you can write 'SAME' - EXCEPT FOR FULL NAME.
- Contact Abacus on 1300 139 440 if you have any queries. **DO NOT SEND ORIGINAL DOCUMENTS, ONLY CERTIFIED COPIES** unless otherwise specified

## SECTION 1A: TRUST DETAILS

### 1.1 General Information

Full name of trust (must complete)	<input style="width: 100%;" type="text"/>		
Full business name (if different)	<input style="width: 100%;" type="text"/>		
Country established	<input style="width: 25%;" type="text"/>	Contact Phone No.	<input style="width: 25%;" type="text"/>

### 1.2 Type of Trust (select ✓ only one of the following trust types and provide the information requested)

**Superannuation fund or Regulated fund**

Name of the regulator

Trust's registration / licensing details

**Other trust type**

Trust description (eg Family, unit, charitable, estate)

### 1.3 Beneficiary details

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes      Details of the membership class/es  
(e.g. unit holders, family members of a named person, charitable purpose)

No      how many beneficiaries are there ?  *provide full name of each beneficiary*

	Full given names / Company name	Surname
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

**1.4 Trustee details**

How many trustees are there ?

provide full name &amp; address of each trustee

**Please ALSO complete the applicable AML form (individual or Foreign Company) for ONE of the following Trustees (Nominated Trustee).**

Trustee 1

Full given name(s) [or Company name]

Surname [or ACN]

Residential Address if an individual trustee [or company registered office address] (PO Box is not acceptable)

Suburb

State

Postcode

Country

Trustee 2

Full given name(s) [or Company name]

Surname [or ACN]

Residential Address if an individual trustee [or company registered office address] (PO Box is not acceptable)

Suburb

State

Postcode

Country

Trustee 3

Full given name(s) [or Company name]

Surname [or ACN]

Residential Address if an individual trustee [or company registered office address] (PO Box is not acceptable)

Suburb

State

Postcode

Country

Trustee 4

Full given name(s) [or Company name]

Surname [or ACN]

Residential Address if an individual trustee [or company registered office address] (PO Box is not acceptable)

Suburb

State

Postcode

Country

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

**SECTION 2: TRUST VERIFICATION PROCEDURE**

Please send us originals or certified copies of documents that verify:

- The full name of the trust
- The type of the trust. **We will complete the 'Office use only' section.**

Tick ✓	Part A: - Verification options (select one of the following options used to verify the Trust)
<input type="checkbox"/>	Perform a search of the relevant regulator's website
<input type="checkbox"/>	A copy or relevant extract of the legislation establishing the fund sourced from a government website.

Only if the above Part A options are not relevant, select one of the following Part B options

Tick ✓	Part B: - Verification options (select one of the following options used to verify the Trust)
<input type="checkbox"/>	An original or certified copy of a notice issued by the Taxation Office in the place of establishment of the Trust within the last 12 months (eg a Notice of Assessment).
<input type="checkbox"/>	An original or certified copy of a letter from a solicitor or qualified accountant that confirms the name of the trust.
<input type="checkbox"/>	A certified copy or certified extract of the trust deed or constitution establishing the trust.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

**In addition please complete the applicable AML form (individual, Australian Company or Foreign Company) for ONE TRUSTEE (Nominated Trustee)**

**OFFICE USE ONLY****IMPORTANT: Keep the certified documents with this form**

ID DOCUMENT DETAILS			
Verified From	<input type="checkbox"/> Performed search	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Issuer / Website			
Issue date / Search date			
Accredited English Translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted	

Verified by (Print Name)

Date Verified  
(dd/mm/yyyy)

Signature

**WHO CAN CERTIFY COPIES OF DOCUMENTS**

Legal	<ul style="list-style-type: none"> <li>○ solicitor or barrister (that is, a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described));</li> <li>○ a judge of a court;</li> <li>○ a magistrate;</li> <li>○ a chief executive officer of a Commonwealth court;</li> <li>○ a registrar or deputy registrar of a court;</li> <li>○ a notary public</li> </ul>
JP	a Justice of the Peace
Police	a police officer
Chartered Accountant	a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with 2 or more years of continuous membership
Post Office	<ul style="list-style-type: none"> <li>○ an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> <li>○ a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public</li> </ul>
Diplomatic service	<ul style="list-style-type: none"> <li>○ an Australian consular officer</li> <li>○ an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>)</li> </ul>
Financial corporations (Bank, Building Society, Credit Union)	<ul style="list-style-type: none"> <li>○ an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>);</li> <li>○ a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>);</li> <li>○ an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.</li> </ul>

**What wording they must use**

I certify this [and the following [*insert number*] pages] to be a true copy of the original page/ pages sighted by me today / on [*insert date*] [*insert signature*] [*Print name*] [*Print capacity in which you are certifying (see table above)*] [*insert date of signature*]