

IDENTIFICATION FORM AUSTRALIAN PRIVATE AND OTHER TRUSTS

GUIDE TO COMPLETING THIS FORM

- o Complete in **BLOCK LETTERS**. Where you have already put the required information in your application form, you can write 'SAME' - EXCEPT FOR FULL NAME.
- o 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

Full name of trust (must complete)

Full business name (if different)

Country established Contact Phone No.

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

Family Trust

Provide the trust's ABN and any registration / licensing details

Charitable Trust or similar

Provide the trust's ABN and any registration / licensing details

Name of legislation establishing the fund (if relevant)

Deceased estate

Name of estate

Other trust type

Trust description

Name of legislation establishing the fund (if relevant)

1.2 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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
2	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
3	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
4	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
5	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
6	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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

1.3 Trustee details

How many trustees are there ? provide full name & address of each trustee

Please ALSO complete the applicable AML form (individual or Australian Company or Australian Statutory Corporation) for ONE of the following Trustees/ Executors (Nominated Trustee).

Trustee/ Executor 1

Full given name(s) [or Company name]

Surname [or ACN]

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Residential Address if an individual trustee [or company registered office address or principal place of business if established by legislation] (PO Box is not acceptable)

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Suburb

State

Postcode

Country

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Name of legislation establishing the Trustee (if relevant)

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Trustee / Executor 2

Full given name(s) [or Company name]

Surname [or ACN]

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

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Suburb

State

Postcode

Country

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Trustee/ Executor 3

Full given name(s) [or Company name]

Surname [or ACN]

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

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Suburb

State

Postcode

Country

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Trustee / Executor 4

Full given name(s) [or Company name]

Surname [or ACN]

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

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Suburb

State

Postcode

Country

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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. We will complete the 'Office use only' section.

Tick ✓	(select one of the following options)
<input type="checkbox"/>	An original or certified copy of a notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment) that shows the name of the Trust
<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 of the trust deed or of an extract that shows the name of the Trust
<input type="checkbox"/>	A certified copy of the Will or of an extract from the Will that shows the name of the deceased
<input type="checkbox"/>	A copy or relevant extract of the legislation establishing the fund sourced from a government website.

In addition please complete the applicable AML form (individual or Australian Company or Australian Statutory Corporation) for your Nominated Trustee

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

ID DOCUMENT RECORD	
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy <input type="checkbox"/> Performed search
Document Issuer / Website	
Issued date / Search date	

Verified by (Print Name)	<input type="text"/>	Date Verified (dd/mm/yyyy)	<input type="text"/>
Signature	<input type="text"/>		

WHO CAN CERTIFY COPIES OF YOUR DOCUMENTS

Legal	<ul style="list-style-type: none"> o 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)); o a judge of a court; o a magistrate; o a chief executive officer of a Commonwealth court; o a registrar or deputy registrar of a court; o a notary public
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"> o an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public o 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;
Diplomatic service	<ul style="list-style-type: none"> o an Australian consular officer o an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1985</i>);
Financial corporations (Bank, Building Society, Credit Union)	<ul style="list-style-type: none"> o 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>); o 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>); o 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.

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*]