



CROMWELL
FUNDS MANAGEMENT

INVESTOR IDENTIFICATION FORMS

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Issued by Cromwell Funds Management Limited

ABN 63 114 782 777

AFSL 333214

INVESTOR IDENTIFICATION FORMS

In 2006 the Federal Government enacted the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). The purpose of this legislation is to enable Australia's financial sector to maintain international business relationships, detect and prevent money laundering and terrorism financing by meeting the needs of law enforcement agencies and to bring Australia in line with international standards.

Why does this legislation affect Cromwell?

As CFM is the responsible entity for investment products, we have to meet stringent investor identification and verification requirements. This means that prior to units in any Cromwell-managed fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

What do you need to do?

If you invest in the Fund through a financial adviser or an IDPS facility then they will request and collect any verification materials. If you are investing directly, you need to complete the identification form which relates to the type of entity making the investment:

Type of Entity	Forms to be completed
Individual / Joint Investors (each applicant must complete a form)	IDENTIFICATION FORM 1: Individual & Sole Traders Form
Australian Companies	IDENTIFICATION FORM 2: Australian Companies Form
Australian Regulated Trusts (including Self Managed Super Funds)	IDENTIFICATION FORM 3: Australian Regulated Trusts (including Self Managed Super Funds) Form
Unregulated Australian Trusts and Foreign Trusts (e.g. Family, Unit and Testamentary Trusts)	IDENTIFICATION FORM 4: Unregulated Australian Trusts and Foreign Trusts Form

Not on the list?

If you are investing via a type of entity not listed above, please phone Cromwell on 1300 268 078 to discuss which form is appropriate for your needs, or visit www.cromwell.com.au/aml for a complete list of Investor Identification Forms.

We may request additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act, and applications will not be processed until the necessary information is provided.

Who is allowed to certify AML/CTF Identification documents?

-
a Justice of the Peace
.....
-
a member of the Institution of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
.....
-
a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described)
.....
-
a judge of a court or a magistrate
.....
-
a permanent employee of Australia Post employed in an office supplying postal services to the public with 5 years continuous service
.....
-
a full time teacher at a school or tertiary institution
.....
-
a police officer
.....
-
a person who, under a law in force in a State or Territory, is currently licenced or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon
.....
-
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
.....
-
any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 1993 – Schedule 2.
.....

IDENTIFICATION FORM 3

AUSTRALIAN REGULATED TRUSTS (INCLUDING SMSFs)



GUIDE TO COMPLETING THIS FORM

- This form is for Australian Regulated Trusts only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator. For Trusts that are not subject to the oversight of an Australian regulator, complete the Unregulated Australian Trusts and Foreign Trusts form.
- Collect information about the Trust and one Trustee. The identity of the Trust must be verified.
- Complete Sections 1, 2 and either 3 or 4.
- Complete all applicable sections of this form in BLOCK LETTERS.
- Contact the Cromwell Investor Service Team on 1300 268 078 if you have any queries.

SECTION 1

TRUST DETAILS

1.1 GENERAL INFORMATION

Full name of trust

Full business name (if any)

Country where trust established

1.2 TYPE OF REGULATED TRUST

Select only ONE of the following trust categories and provide the information requested.

Self-Managed Superannuation Fund

Provide the SMSF's ABN

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

Unregistered managed investment scheme (a managed investment scheme that is not registered by ASIC, that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporation Act 2001 applies)

Provide Scheme's ABN

Government superannuation fund

Provide name of the legislation establishing the fund

Other Regulated trusts (a trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator, e.g. APRA - regulated superannuation fund)

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

Provide the trust's ABN or registration / licensing details

SECTION 2

TAX INFORMATION

2.1 TAX STATUS

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete Section 2 and can proceed to Section 3.

Provide the Trust or Trustee's Global Intermediary Identification Number (GIIN), if applicable

If the Trust or Trustee is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

Other (describe the FATCA status in the box provided)

TRUSTEE DETAILS

- Complete either Section 3 or 4
- The information is required for only ONE Trustee, even if the Trust has a number of Trustees.
- Individual Trustees → go to Section 3
- Company Trustees → go to Section 4

SECTION 3

INDIVIDUAL DETAILS (to be completed if selected trustee is an individual)

3.1 PERSONAL DETAILS

Surname Date of Birth (dd/mm/yyyy)

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

SECTION 4

AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)

4.1 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 State Postcode Country

4.2 COMPANY TYPE

Select only ONE of the following categories.

Public Go to Section 4.3

Proprietary Go to Section 4.4

4.3 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

4.4 DIRECTORS

How many directors are there?

Provide full name of each director below

Surname	Full given name(s)
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"/>
5 <input type="text"/>	<input type="text"/>

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

4.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies per Section 4.2.

Provide details of ALL individuals who are ultimately beneficial owners through one or more share holdings of more than 25% of the company's issued capital, (through direct or indirect share holdings).

Beneficial owner 1

Surname	Full given name(s)
<input type="text"/>	<input type="text"/>

Beneficial owner 2

Surname	Full given name(s)
<input type="text"/>	<input type="text"/>

Beneficial owner 3

Surname	Full given name(s)
<input type="text"/>	<input type="text"/>

SECTION 5

DECLARATION

By completing and signing this form I declare the tax information provided is accurate.

SIGNATURE 1

Name

Date / /

Please as applicable

Trustee Director Sole Director / Company Secretary

By completing and signing this form I declare the tax information provided is accurate.

SIGNATURE 2

Name

Date / /

Please as applicable

Trustee Director Company Secretary