



CROMWELL
FUNDS MANAGEMENT

INVESTOR IDENTIFICATION FORMS

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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 1

INDIVIDUALS & SOLE TRADERS - 1



GUIDE TO COMPLETING THIS FORM

- Complete Sections 1, 2 and 3. Refer to Section 4 for the list of acceptable Identification Documents.
- Complete this form for each individual nominated on your application.
- 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

PERSONAL DETAILS / INDIVIDUAL 1

Surname

Date of Birth (dd/mm/yyyy)

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Complete this part if individual is a sole trader.

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2

POLITICALLY EXPOSED PERSON (INDIVIDUAL OR BENEFICIAL OWNER)

Cromwell is required under the Anti-Money Laundering and Counter-Terrorism Financing Rules to determine if any customers or beneficial owners of customers are Politically Exposed Persons (as defined below).

Please confirm if you are a politically exposed person (as defined below). If yes, please select ☒ an option from one of the categories below.

☐ **Yes**
☐ **No Go to Section 3**

If you answered "yes" above, please identify which limb of the definition of "politically exposed person" you meet. "Politically exposed person" means an individual:

(1) who holds a prominent public position or function in a government body or an international organisation, including:

- ☐ Head of State or head of a country or government; or
- ☐ government minister or equivalent senior politician; or
- ☐ senior government official; or
- ☐ Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
- ☐ governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
- ☐ senior foreign representative, ambassador, or high commissioner; or
- ☐ high-ranking member of the armed forces; or
- ☐ board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and

(2) who is an immediate family member of a person referred to in paragraph (1) above, including:

- ☐ a spouse; or
- ☐ a de facto partner; or
- ☐ a child and a child's spouse or de facto partner; or
- ☐ a parent; and

(3) who is a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is publicly available) to have:

- ☐ joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1);
or
☐ sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1).

A "beneficial owner":

- (1) of a person who is a reporting entity, means an individual who owns or controls (directly or indirectly) the reporting entity;
(2) of a person who is a customer of a reporting entity, means an individual who ultimately owns or controls (directly or indirectly) the customer;
(3) in this definition, control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating practices;
(4) in this definition, owns means ownership (either directly or indirectly) of 25% or more of a person.

SECTION 3

TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please answer BOTH tax residency questions:

Is the individual a tax resident of Australia?

☐ Yes ☐ No

Is the individual a tax resident of another Country?

☐ Yes ☐ No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box. ☐

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

SECTION 4

IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

Please attach an **originally certified**, legible copy of the ID documentation you are relying upon to confirm your identity (and any required translation).

Contact the Cromwell Investor Service Team on 1300 268 078 if you are unable to provide the required documents.

PART I

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

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

PART II

Acceptable secondary ID documents (should only be completed if you do not own a document from Part I).

Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual's by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of the period of time that the individual attended that school

PART III

Acceptable foreign documents (should only be completed if you do not own a document from Part I).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in 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 5**DECLARATION**

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

SIGNATURE

Name

Date

/ /

IDENTIFICATION FORM 1

INDIVIDUALS & SOLE TRADERS - 2



GUIDE TO COMPLETING THIS FORM

- Complete Sections 1, 2 and 3. Refer to Section 4 for the list of acceptable Identification Documents.
- Complete this form for each individual nominated on your application.
- 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

PERSONAL DETAILS / INDIVIDUAL 2

Surname

Date of Birth (dd/mm/yyyy)

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Complete this part if individual is a sole trader.

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2

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Cromwell is required under the Anti-Money Laundering and Counter-Terrorism Financing Rules to determine if any customers or beneficial owners of customers are Politically Exposed Persons (as defined below).

Please confirm if you are a politically exposed person (as defined below). If yes, please select ☒ an option from one of the categories below.

☐ **Yes**
☐ **No Go to Section 3**

If you answered "yes" above, please identify which limb of the definition of "politically exposed person" you meet. "Politically exposed person" means an individual:

(1) who holds a prominent public position or function in a government body or an international organisation, including:

- ☐ Head of State or head of a country or government; or
- ☐ government minister or equivalent senior politician; or
- ☐ senior government official; or
- ☐ Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation; or
- ☐ governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia; or
- ☐ senior foreign representative, ambassador, or high commissioner; or
- ☐ high-ranking member of the armed forces; or
- ☐ board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise or international organisation; and

(2) who is an immediate family member of a person referred to in paragraph (1) above, including:

- ☐ a spouse; or
- ☐ a de facto partner; or
- ☐ a child and a child's spouse or de facto partner; or
- ☐ a parent; and

(3) who is a close associate of a person referred to in paragraph (1), which means any individual who is known (having regard to information that is publicly available) to have:

- ☐ joint beneficial ownership of a legal entity or legal arrangement with a person referred to in paragraph (1);
or
☐ sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in paragraph (1).

A "beneficial owner":

- (1) of a person who is a reporting entity, means an individual who owns or controls (directly or indirectly) the reporting entity;
(2) of a person who is a customer of a reporting entity, means an individual who ultimately owns or controls (directly or indirectly) the customer;
(3) in this definition, control includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating practices;
(4) in this definition, owns means ownership (either directly or indirectly) of 25% or more of a person.

SECTION 3

TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please answer BOTH tax residency questions:

Is the individual a tax resident of Australia?

☐ Yes ☐ No

Is the individual a tax resident of another Country?

☐ Yes ☐ No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box. ☐

Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

SECTION 4

IDENTIFICATION DOCUMENTS (ORIGINALLY CERTIFIED COPIES TO BE PROVIDED)

Please attach an **originally certified**, legible copy of the ID documentation you are relying upon to confirm your identity (and any required translation).

Contact the Cromwell Investor Service Team on 1300 268 078 if you are unable to provide the required documents.

PART I

Acceptable primary photographic ID documents.

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

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

PART II

Acceptable secondary ID documents (should only be completed if you do not own a document from Part I).

Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual's by a school principal within the preceding 3 months, and contains the name and residential address, and records the period of the period of time that the individual attended that school

PART III

Acceptable foreign documents (should only be completed if you do not own a document from Part I).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in 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 5**DECLARATION**

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

SIGNATURE

Name

Date

/ /

IDENTIFICATION FORM 2 AUSTRALIAN COMPANIES



GUIDE TO COMPLETING THIS FORM

- This form is for Australian Companies only. Foreign Companies can contact Cromwell to obtain the Foreign Companies Identification Form.
- Complete both Sections 1 and 2.
- Complete separate Individual Identification forms for each of the Company's Beneficial Owners (refer Section 1.5 of this form).
- 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

AUSTRALIAN COMPANY DETAILS

(to be completed if company is an Australian Company)

1.1 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 (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

1.2 COMPANY TYPE

Select only ONE of the following categories.

☐

Public

Go to Section 1.3

☐

Proprietary

Go to Section 1.4

1.3 REGULATORY / LISTING DETAILS

If the company is regulated or listed, select the relevant category and provide the information requested.

☐

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details [e.g. AFSL, ACL, RSE]

☐

Australian listed company

Name of market / exchange

☐

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

Continue to Section 2

1.4 DIRECTORS

To be completed for proprietary companies only, not required for public companies as per Section 1.2.

How many directors are there?

Provide full name of each director

Surname

Full given name(s)

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

1.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies as per Section 1.2.

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 shareholdings).

Please complete separate Individual Identification forms for each of the individuals listed in this Section.

Beneficial owner 1

Surname

Full given name(s)

Beneficial owner 2

Surname

Full given name(s)

Beneficial owner 3

Surname

Full given name(s)

SECTION 2**TAX INFORMATION**

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

2.1 TAX STATUS

Select only **ONE** of the following categories and provide the information requested

- ☐ **Financial Institution** (A custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes)

Provide the company's Global Intermediary Identification Number (GIIN), if applicable

If the company does not have a GIIN, please provide its FATCA status

If the company is a Financial Institution, **Section 2 is now complete, proceed to Section 3.**

- ☐ **Non-Financial Public Company** (Public companies as per Section 1.2 that are not Financial Institutions as described above)

If the company is a Public Company, **Section 2 is now complete, proceed to Section 3.**

- ☐ **An Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.) (Proprietary companies as per Section 1.2 that are not Financial Institutions as described above)

If the company is an Active NFE, **please proceed to Section 2.3** (Country of Tax Residency).

- ☐ **Other** (Entities that are not previously listed – Passive Non-Financial Entities)

Please proceed to Section 2.2 (Foreign Beneficial Owners).

2.1 FOREIGN BENEFICIAL OWNERS (INDIVIDUALS)

Are any of the company's Beneficial Owners tax residents of countries other than Australia

Yes ☐ No ☐

If Yes, please provide the details of these individuals below and complete a separate Individual Identification Form for each Beneficial Owner (unless already provided in section 1.5).

Full given name(s)

Surname

Role (e.g. Managing Director)

If there are more Beneficial Owners provide details on a separate sheet and tick this box

☐

Please proceed to Section 2.3 (Country of Residency).

**2.3 COUNTRY OF TAX
RESIDENCY**

Is the Company a tax resident of a country other than Australia?

☐ Yes

☐ No

If Yes, please provide the Company's country of tax residence and tax identification number (TIN) or equivalent below. Please list all relevant countries below.

 If No, **Section 2 is now complete, proceed to Section 3.**

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box.

☐
Reason A The country of tax residency does not issue TINs to tax residents.

Reason B The individual has not been issued with a TIN.

Reason C The country of tax residency does not require the TIN to be disclosed.

SECTION 3
DECLARATION

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

SIGNATURE 1

Name

 Date / /

 Please ☒ as applicable

 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

 Director ☐ Company Secretary ☐

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)	
<input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Full Given Name(s)			
<input type="text"/>			
Residential Address (PO Box is NOT acceptable)			
Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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			
<input type="text"/>			
ACN			
<input type="text"/>			
Registered office address (PO Box is NOT acceptable)			
Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal place of business (if any) (PO Box is NOT acceptable)			
Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2 COMPANY TYPE

Select only ONE of the following categories.

<input type="checkbox"/> Public	Go to Section 4.3
<input type="checkbox"/> 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.

<input type="checkbox"/> Regulated company	(licensed by an Australian Commonwealth, State or Territory statutory regulator)
Regulator name	
<input type="text"/>	
Licence details	
<input type="text"/>	
<input type="checkbox"/> Australian listed company	
Name of market / exchange	
<input type="text"/>	
<input type="checkbox"/> Majority-owned subsidiary of an Australian listed company	
Australian listed company name	
<input type="text"/>	
Name of market / exchange	
<input type="text"/>	

4.4 DIRECTORSHow many directors are there? **Provide full name of each director below**

Surname

Full given name(s)

1

2

3

4

5

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)

Beneficial owner 2

Surname

Full given name(s)

Beneficial owner 3

Surname

Full given name(s)

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 ☐

IDENTIFICATION FORM 4

UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS



CROMWELL
FUNDS MANAGEMENT



GUIDE TO COMPLETING THIS FORM

- This form is for Unregulated Australian Trusts and Foreign Trusts only. These include family trusts, charitable trusts, unit trusts and testamentary trusts. For Trusts that are subject to the oversight of an Australian regulator, complete the Australian Regulated Trusts form.
- Collect information about the Trust and one Trustee. The identity of the Trust and one Trustee must be verified.
- Complete Sections 1, 2 and 3, and either 4 or 5.
- 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

Full name of the settlor of Trust

Unless:

- the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000; or
- the settlor is deceased.

1.2 TYPE OF UNREGULATED TRUST

Select only ONE of the following types of unregulated trusts

- ☐ **Family Trust**
- ☐ **Charitable Trust**
- ☐ **Testamentary Trust**
- ☐ **Unit Trust**
- ☐ **Other trust type**

Provide description

1.3 BENEFICIARY DETAILS

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

☐ **Yes**

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

☐ **No**

How many beneficiaries are there?

Provide full name of each beneficiary below

Surname

Full given name(s)

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

1.4 TRUSTEE DETAILSHow many trustees are there? **Provide the name and residential / business addresses of ALL of the Trustees below****Trustee 1**

Full given name(s) or Company name

Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Trustee 2

Full given name(s) or Company name

Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Trustee 3

Full given name(s) or Company name

Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Trustee 4

Full given name(s) or Company name

Surname

Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

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

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).

Section 2 is not required for Deceased Estates (Deceased Estates can proceed to Section 3.)

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

- ☐ **Financial Institution or Trust with a Trustee that is a Financial Institution** (A trust that is primarily established for custodial or investment purposes or a Trust that has a Trustee that is a Financial Institution in its own right).

Provide the Trust or Trustees' Global Intermediary Identification Number (GIIN), if applicable.

If the Trust or the 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)

PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

- ☐ Yes - Proceed to section 2.2 (Foreign Controlling Persons).
- ☐ No - **Section 2 is now complete, proceed to Section 3.**

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

- ☐ **Australian Registered Charity or Deceased Estate.** If the Trust is an Australian Registered Charity or Deceased Estate **Section 2 is complete, proceed to Section 3.**
- ☐ **A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, **please proceed to Section 2.3** (Country of Residency).

- ☐ **Other** (Trusts that are not previously listed – Passive Non-Financial Entities)
Please proceed to Section 2.2 (Foreign Controlling Persons).

2.2 FOREIGN CONTROLLING PERSONS (INDIVIDUALS)

Are any of the Trusts Controlling Persons tax residents of countries other than Australia?

Yes ☐

No ☐

If the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia?

Yes ☐

No ☐

If Yes to either of the two questions above, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as a Beneficial Owner).

Full given names(s)

Surname

Role (e.g. Trustee)

If there are more controlling persons, provide details on a separate sheet and tick this box

☐

Proceed to Section 2.3.

2.3 COUNTRY OF TAX RESIDENCY

Is the Trust a tax resident of a country other than Australia? ☐ Yes ☐ No

If Yes, please provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

If No, **please proceed to Section 3.**

Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	TIN	If no TIN, list reason A, B or C
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more countries, provide details on a separate sheet and tick this box. ☐

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The individual has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3**TRUST IDENTIFICATION DOCUMENTS** (Originally certified copies to be provided)

Acceptable Documents (use one of the following to verify the Unregulated Trust)

- An originally certified copy or certified extract of the Trust Deed.
- A notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment).
- A letter from a solicitor or qualified accountant that confirms the name of 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.

IMPORTANT

- Please attach an **originally certified**, legible copy of the ID documentation used to verify the Trust.

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

- Section 4 – where the selected trustee is an individual.
- Section 5 – where the selected trustee is an Australian Company.

SECTION 4**INDIVIDUAL DETAILS** (to be completed if selected trustee is an individual)**4.1 PERSONAL DETAILS**

Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full Given Name(s)	
<input type="text"/>	

SECTION 4A**INDIVIDUAL TRUSTEE IDENTIFICATION DETAILS** (originally certified copies to be provided)

Select from Part I, or if the trustee does not own a document from Part I, then select from either Part II or III:

PART I

Acceptable primary photographic ID documents

Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person.
- Australian passport (a passport that has expired within the preceding 2 years is acceptable).
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
- Foreign passport or similar travel document containing a photograph and the signature of the person*.

PART II

Acceptable secondary ID documents (should only be completed if the individual does not own a document from Part I)

Select ONE valid option from this section

- Australian birth certificate.
- Australian citizenship certificate.
- Pension card issued by Centrelink.

- Health card issued by Centrelink.

AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. **Block out the TFN before scanning, copying or storing this document.**
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).

PART III

Acceptable foreign ID documents (should only be completed if the individual does not own a document from Part I).

BOTH documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in 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.

If the selected trustee is an individual, Section 4 is now complete, please proceed to Section 6.

SECTION 5**AUSTRALIAN COMPANY DETAILS** (to be completed if selected trustee is an Australian Company)**5.1 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

5.2 COMPANY TYPE

Select only ONE of the following categories.

☐

Public

Go to Section 5.3

☐

Proprietary

Go to Section 5.4

5.3 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 (e.g. AFSL, ACL, RSE)

☐

Australian listed company

Name of market / exchange

☐

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

5.4 DIRECTORS

To be completed for proprietary companies only, not required for public companies as per Section 5.2.

How many directors are there?

Provide full name of each director below

Surname

Full given name(s)

1

2

3

4

5

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

5.5 BENEFICIAL OWNERS

To be completed for proprietary companies only, not required for public companies as per Section 5.2.

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).

Please complete separate individual Identification forms for each of the Individuals listed.

Beneficial owner 1

Surname

Full given name(s)

Beneficial owner 2

Surname

Full given name(s)

Beneficial owner 3

Surname

Full given name(s)

SECTION 6**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

☐