



CROMWELL
FUNDS MANAGEMENT

INVESTOR IDENTIFICATION FORMS

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Issued by Cromwell Funds Management Limited

ABN 63 114 782 777

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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 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)

1

2

3

4

5

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