



**CROMWELL**  
FUNDS MANAGEMENT

# INVESTOR IDENTIFICATION FORMS

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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](http://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 4

## UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS



### 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 DETAILS

How 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](http://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)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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"/>
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 <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.**

**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 <input type="text"/>	Full given name(s) <input type="text"/>
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**Beneficial owner 2**

Surname <input type="text"/>	Full given name(s) <input type="text"/>
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**Beneficial owner 3**

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