

To comply with our obligations under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, BT customers must now complete a Customer Identification Form in addition to the application form.

This Customer Identification Form is to be completed for product applications relating to partnerships and partners only. Customer identification forms for other entity types can be downloaded from www.bt.com.au/AML or can be obtained from BT Customer Relations on 132 135.

Please follow the instructions provided.

Are you lodging your application form through a financial adviser? Please speak to your financial adviser before completing the Customer Identification Form.

Existing customers of BT or the Westpac Banking Corporation may not be required to complete the Customer Identification Form. To determine if you are required to lodge this form, please visit www.bt.com.au/AML for further information or call BT Customer Relations on 132 135 and provide your BT/Westpac account details.

Applications received without a completed Customer Identification Form and any necessary supporting documentation, from customers who are required to be identified, cannot be processed.

Customer Identification Form For Partnerships and Partners

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE CUSTOMER IDENTIFICATION FORM

WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

If you are a partnership/partner investing in a new BT product.

IMPORTANT INFORMATION FOR INVESTORS

- If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.
- If you are lodging your product application form as a **direct investor** (without a financial adviser), you have two options available to you:

OPTION 1

Complete **Sections 1 and 3** of the Customer Identification Form and attach certified copies of your identity document(s) (where required). If you choose this option, please use the **checklist** provided below.

OR

OPTION 2

Westpac branches may be able to perform the identification procedure. Please note that extra identification may be required. For full instructions and a list of documents required, please visit our website www.bt.com.au/AML.

CHECKLIST FOR OPTION 1

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the **checklist** below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This **checklist** section of this form is provided for your records and is not required by BT to process your application.

- Complete **all** applicable fields in **Sections 1 and 3** of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to BT:
 - completed Customer Identification Form
 - certified copies of your identification document(s) (where required), and
 - product application form with any applicable documentation.

IMPORTANT INFORMATION FOR FINANCIAL ADVISERS

BT will also accept identification from a correctly completed Investment and Financial Services Association/Financial Planning Association (IFSA/FPA) identification form.

When using this Customer Identification Form, please complete **all Sections**.

MORE INFORMATION

WHY WESTPAC BANK BRANCHES ARE ABLE TO COLLECT YOUR IDENTIFICATION ON BT'S BEHALF

BT is the wealth management arm of the Westpac Banking Corporation, and as such, BT and Westpac are working together to help meet the AML/CTF obligations faced when new customers join. This cooperation means that customers new to BT have the convenient option to have the identification procedure performed at a Westpac Branch if they choose.

If you require more information on our AML/CTF requirements, please visit our website www.bt.com.au/AML.

Customer Identification Form For Partnerships and Partners

HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

Who can certify copies of documents	
Legal	<ul style="list-style-type: none"> • a 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)) • a judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a notary public
JP	<ul style="list-style-type: none"> • a Justice of the Peace
Police	<ul style="list-style-type: none"> • a police officer
Accountant	<ul style="list-style-type: none"> • a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	<ul style="list-style-type: none"> • an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with two 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"> • an Australian consular officer • an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985)
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> • an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993) • a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.

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GUIDE TO COMPLETING THIS FORM

- Complete all applicable sections of this form using **black pen** – print in clear CAPITAL LETTERS.
- Contact BT Customer Relations on 132 135 if you are unsure about any aspect of this form.

SECTION 1 PARTNERSHIP INFORMATION

SECTION 1A: PARTNERSHIP DETAILS

1.1 GENERAL INFORMATION

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 TYPE OF PARTNERSHIP

Select [] only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

<input type="checkbox"/>	YES	Provide name of association	<input type="text"/>
		Provide membership details	<input type="text"/>
		Go to Section 1B.	
<input type="checkbox"/>	NO	How many partners are there?	<input type="text"/>
		Provide the full name and address of each partner below.	
		<input type="text"/>	
		<input type="text"/>	

1.3 PARTNERSHIP DETAILS

Only complete for Partnerships **not** regulated by a professional association.

1 PARTNER 1	
Full given name(s)	Surname
<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable)	
<input type="text"/>	
	<i>State</i>
	<i>Postcode</i>
Country, if not Australia	<input type="text"/>

2 PARTNER 2

Full given name(s)

Surname

Residential address (PO Box is **not** acceptable)

State

Postcode

Country, if not Australia

3 PARTNER 3

Full given name(s)

Surname

Residential address (PO Box is **not** acceptable)

State

Postcode

Country, if not Australia

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

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

- Complete the choices below to tell us what document you are sending us, or search you wish us to conduct to verify the partnerships identity.
- Contact us if you are unable to provide the required document or the relevant search will not allow us to verify the partnerships identity.
- **If instructed to provide certified copies of documents**, please refer to the 'How to certify your documents' section for information on how to do this.

PART A – ACCEPTABLE ID DOCUMENTS to verify partnership name

Cross X	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database (BT to perform for direct customers).
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. Block out the TFN before scanning, copying or storing this document.
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART B – ACCEPTABLE ID DOCUMENTS to verify membership of a professional association

Cross X	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant association.

Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

Go to Section 3A.

SECTION 2: FINANCIAL ADVISER USE ONLY

OPTION 1

Financial advisers can complete section 2 as outlined below. Please ensure that you indicate which document(s) you have sighted or which search was performed as set out in Section 1B of this form. Enclose the completed verification procedure with your client's product application form and mail to BT. **This method is preferred by BT.**

OR

OPTION 2

Financial advisers can send BT copies of the documents received from the client with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 1B of this form.

SECTION 2A: RECORD OF VERIFICATION PROCEDURE

Verify the following:

- **all Partnerships**
 - full name of the Partnership
- **Partnerships that are members of a professional association**
 - membership of the professional association.

ID DOCUMENT DETAILS

Verified from	<input type="checkbox"/> Performed search	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy
Document issuer/Website			
Issue/Search date (dd/mm/yyyy)			
Accredited English translation	<input type="checkbox"/> n/a	<input type="checkbox"/> Sighted	

SECTION 2B: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)	Financial Adviser's name	
<input type="text"/>	<input type="text"/>	
Phone number	AFS licensee name	AFSL number
(<input type="text"/>)	<input type="text"/>	<input type="text"/>

Complete the following section to collect the additional information about the identity of **ONLY ONE** of the signing partners.**SECTION 3: PARTNER INFORMATION****SECTION 3A: INDIVIDUAL DETAILS***To be completed for **one** signing partner.*

Full given name(s)	Surname	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable) – <i>only provide address details if not provided in Section 1A</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE*Please send us certified copies of documents that show the partner's full name and **either** their date of birth **or** residential address*

- Complete Part A to tell us what documents you are sending us.
- If you cannot send us a certified copy of a document from Part A, then complete either Part B or C.
- Contact us if you are unable to provide the required documents in Parts A, B or C.
- **Do not send original documents, only certified copies.** Please refer to the 'How to certify documents' section for more information.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Cross X	Select ONE valid option from this section only
<input type="checkbox"/>	Australian state/territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding two years is acceptable)
<input type="checkbox"/>	Card issued under a state or territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

should only be completed if the individual does not own a document from Part A

Cross X	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
Cross X	AND ONE valid option from this section
<input type="checkbox"/>	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
<input type="checkbox"/>	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.
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding three 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)

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PART C – ACCEPTABLE FOREIGN ID DOCUMENTS

should only be completed if the individual does not own a document from Part A

Cross X	BOTH documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
<input type="checkbox"/>	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 written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

SECTION 4: FINANCIAL ADVISER USE ONLY

OPTION 1

Financial advisers can complete section 4 as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 3B of this form. Enclose the completed verification procedure with your client's product application form and mail to BT. **This method is preferred by BT.**

OR

OPTION 2

Financial advisers can send BT copies of the documents received from the client with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 3B of this form.

SECTION 4A: RECORD OF VERIFICATION PROCEDURE

Verify the **individual partner's** full name; and **either** their date of birth **or** residential address.

ID DOCUMENT DETAILS	Document 1				Document 2			
Verified from	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy				
Document issuer								
Issue date (dd/mm/yyyy)								
Expiry date (dd/mm/yyyy)								
Document number								
Accredited English translation	<input type="checkbox"/> n/a	<input type="checkbox"/> Sighted	<input type="checkbox"/> n/a	<input type="checkbox"/> Sighted				