

## SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE (MANDATORY)

### 1.1 GENERAL INFORMATION

Investor number (if known)

Full Name of Association

Full Business, trading or other name(s), other than the association name (if any) (if you have more than one, please attach a separate list)

State/Territory and country of establishment/incorporation

Date of establishment/incorporation (DD/MM/YYYY)

 /  / 

Industry type/classification

	Full given name(s)	Surname
Chairperson		
Secretary		
Treasurer		

Please complete separate individual customer ID Forms for each of these individuals

Mobile number

Email address

Please tick this box if you consent to using email as your default correspondence preference for all correspondence (including annual and tax statements) in future.

### 1.2 ASSOCIATION TYPE

- Incorporated Association (complete section 1.3)
- Unincorporated Association (complete section 1.4)

### 1.3 INCORPORATED ASSOCIATION DETAILS

ID number issued upon incorporation (e.g. registration/incorporation number)

Select one of the following and provide details in the address boxes below (not a PO Box)

- Principal place of administration
- Registered office
- Residential address of secretary
- Residential address of chairman/president
- Residential address of treasurer

State	Postcode
Country, if not Australia	

### 1.4 UNINCORPORATED ASSOCIATION DETAILS

Full name of the association member requesting the product/service

Full address of the association's principal place of administration (not a PO Box)



State	Postcode
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Country, if not Australia	
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ABN

## SECTION 2: TAX RESIDENCY (MANDATORY)

Is the Association a resident of a country other than Australia for tax purposes?

Yes. Date the association became a non-resident for tax purposes (complete section 2)

 /  / 

No (proceed to section 3)

Provide the country/countries outside of Australia in which the association is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

\* A TIN is an identifying number or equivalent used for tax purposes. 'TIN not issued' is only applicable to specific countries. For more details go to <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

**Note:** If the association has more than 3 countries in which they are a tax resident, please provide the details on a separate form.

Country 1 (Primary country of residence for tax purposes)

Foreign TIN 1

Reason (if TIN not applicable)

TIN not issued

Country 2

Foreign TIN 2

Reason (if TIN not applicable)

TIN not issued

Country 3

Foreign TIN 3

Reason (if TIN not applicable)

TIN not issued

### SECTION 3: BENEFICIAL OWNERSHIP (MANDATORY)

Provide the names of ALL individual members who own directly or indirectly control 25% or more of the Association, such as the Chairperson\*, President, Treasurer or Secretary of the association.

**Complete separate individual customer ID Forms for each of these individuals.**

**Note:** If you are a Beneficial Owner and you hold an additional role please specify what this role is.

Role	Full given name(s)	Surname

Tick here if there are more than 4 Beneficial Owners and provide details on a separate sheet

*\*If you are establishing a new Association, at least 1 Chairperson must be listed as a Beneficial Owner.*

### SECTION 4: ADDITIONAL INFORMATION (MANDATORY)

#### 4.1 SOURCE OF FUNDS

This refers to where the associations funds came from in regard to deposits into the account. Please note the association may have multiple sources of funds. Please indicate all sources of funds below.

- |  |   |
|--|---|
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Bonus                    |
| <input type="checkbox"/> Business income                     | <input type="checkbox"/> Business profit          |
| <input type="checkbox"/> Investment income                   | <input type="checkbox"/> Corporate investments    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Loan                     |
| <input type="checkbox"/> Capital injection                   | <input type="checkbox"/> Insurance payment        |
| <input type="checkbox"/> Government grant                    | <input type="checkbox"/> Sale of assets           |
| <input type="checkbox"/> Liquidation of assets               | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Gift/donation                       | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Additional Sources (Please specify) |   |

#### 4.2 SOURCE OF WEALTH

This refers to where or how the association has built its net worth. Please note that the association may have multiple sources of wealth. Please indicate all sources of wealth below.

- |  |   |
|--|---|
| <input type="checkbox"/> Business income                     | <input type="checkbox"/> Business profit          |
| <input type="checkbox"/> Investment income                   | <input type="checkbox"/> Corporate investments    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Insurance payment        |
| <input type="checkbox"/> Owns property                       | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Liquidation of assets    |
| <input type="checkbox"/> Gift/Donation                       | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Additional Sources (Please specify) |   |

#### 4.3 PRIVACY STATEMENT

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [www.bt.com.au/privacy/privacy-statement](http://www.bt.com.au/privacy/privacy-statement) or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

### SECTION 5: ASSOCIATION VERIFICATION PROCEDURE (MANDATORY)

#### 5.1 INCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

#### Important

- Ensure that individual customer ID Forms have been provided for ALL the Association's Beneficial Owners as per section 3 as well as for the individual completing this form, as per section 1.2.
- Attach a legible certified copy of the ID documentation used to verify the association and selected member (where applicable), including any required translations.
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

Tick	Verification options (at least one of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	A search of ASIC or the government body responsible for the incorporation of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association

**5.2 UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE**

Information to be verified:

- Full name of the Association

Tick	Verification options (at least one of the following to verify the Unincorporated Association)
<input type="checkbox"/>	A search of a relevant government or regulator database (such as ABN lookup)
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association

**SECTION 6: APPLICANT DECLARATION (MANDATORY)**

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standards) Act 2016*.

Full Name

Position Held (must include beneficial owner role)

Signature of Applicant 1 (Wet (pen) signature required)

<input type="text"/>	Date (DD/MM/YYYY) / /
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Full Name

Position Held (must include beneficial owner role)

Signature of Applicant 2 (Wet (pen) signature required)

<input type="text"/>	Date (DD/MM/YYYY) / /
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Full Name

Position Held (must include beneficial owner role)

Signature of Applicant 4 (Wet (pen) signature required)

<input type="text"/>	Date (DD/MM/YYYY) / /
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Full Name

Position Held (must include beneficial owner role)

Signature of Applicant 4 (Wet (pen) signature required)

<input type="text"/>	Date (DD/MM/YYYY) / /
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**SECTION 7: VERIFICATION OF ID (ADVISERS ONLY)**

This section is mandatory in validating the information provided in this form matches the Certified ID. The Verification of ID section must be completed by the Applicants Financial Adviser or representative from their office.

Tick the applicable option:

- I have attached a legible original certified copy of the ID that I used to verify the association (and any required translation).
- I have sighted and retained copies of the necessary original or certified copy of ID as recorded in the 'ID Documents Details' table(s) below.

**ID Document details Document 1**

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original
Document Issuer/ website		
Public Document Type		
Issue date/ Search date	/ /	
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted

**ID Document details Document 2 (if required)**

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original
Document Issuer/ website		
Public Document Type		
Issue date/ Search date	/ /	
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted

**By completing and signing this Verification of ID I declare that:**

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Individual customer ID Forms have been provided for ALL of the Association's Beneficial Owner

AFSL Name (if applicable)

AFSL Number (if applicable)

Representative/Employee Name and Staff ID

Phone number

Adviser signature (Wet (pen) signature required)

Date Verification Completed (DD/MM/YYYY)

## APPENDIX A:

### A. WHAT IS A CERTIFIED COPY OF A DOCUMENT?

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

To have your document certified, take the original document and a photocopy of it to one of the persons listed in the categories below.

The certifier will then write or stamp the copy with the words: "I, [full name of authorised certifier], as [select appropriate person from authorised list below], certify that this [name of document] is a true copy of the original [signature and date]" .

That person will need to print their name, date and qualification/ occupation which makes them an eligible certifier on the photocopy.

If there are multiple pages to the copy, the certifier will need to fully certify each page.

**Note:** Only original certified ID documents must be supplied. Photocopies of certified documents will not be accepted

### B. LIST OF ELIGIBLE PERSONS WHO CAN CERTIFY YOUR IDENTITY DOCUMENTS

A document can be certified by the following authorised persons:

#### Legal

- 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<sup>1</sup>
- A magistrate
- A chief executive officer of a Commonwealth court<sup>1</sup>
- A registrar or deputy registrar of a court<sup>1</sup>

#### Foreign jurisdiction

- A person who is authorised by law in the relevant jurisdiction to administer oaths or affirmations or to authenticate documents<sup>1</sup>

#### Healthcare

- A Dentist
- A Medical practitioner
- A Nurse
- A Pharmacist

#### JP

- A Justice of the Peace<sup>1</sup>

#### Law enforcement office

- A police officer
- A Sherriff
- A Sherriff's officer

#### Post office

- 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

#### Accountant

- who is a fellow of the National Tax Accountants' Association; or
- who is a member of any of the following:
  - Chartered Accountants Australia and New Zealand;
  - the Association of Taxation and Management Accountants;
  - CPA Australia;
  - the Institute of Public Accountants

#### Diplomatic service

- Employee of the Australian Trade and Investment Commission who is:
  - in a country or place outside of Australia; and
  - authorised under paragraph 3(d) of the Consular Fees Act 1955; and - exercising his or her function at that place

#### Financial institutions (eg bank, building society, credit union)

- An officer with two or more continuous years of service in Australia
- 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
- An officer of an Australian bank, building society or finance company branch or office located in a foreign jurisdiction with 2 or more years of continuous service (includes an employee of Westpac New Zealand Limited with 2 or more years of continuous service)

For a complete list of people who can certify your identification documents please refer to our website <https://www.bt.com.au/personal/help/how-to-certify-id.html>

<sup>1</sup>Authorised to certify a copy of your document when overseas.

#### Post a signed copy of this completed form to:

BT Funds, GPO Box 804, Melbourne VIC 3001

**BT Financial Group** - A Division of Westpac Banking Corporation  
ABN 33 007 457 141 AFSL and Australian credit licence 233714

If your account is a Foreign Tax Entity, please complete this form along with the 'BT Customer Identification Form' relevant to your entity type.

You do not need to complete this form if your account is not a Foreign Tax Entity.

For further information or clarification on Foreign Tax Entities status please refer to <https://www.ato.gov.au/about-ato/international-tax-agreements/in-detail/common-reporting-standard> and for further information on Foreign Tax Resident Reporting please refer to <https://www.ato.gov.au/individuals-and-families/investments-and-assets/foreign-tax-resident-reporting>.

## SECTION 1: ENTITY DETAILS

Account Number

Account Name

ABN, ACN or other registration number

Registered address or principal place of business  
(Cannot be a PO Box)



State Postcode

Country, if not Australia	
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## SECTION 2: TAX INFORMATION

### 2.1 TAX STATUS – APPLICABLE FOR FINANCIAL INSTITUTIONS ONLY

A Financial Institution is a custodial or depository institution, an investment entity or a specified insurance company for FATCA/ CRS purposes.

**Note:** Proceed to section 2.2 if you are not a Financial Institution.

If the entity is a Financial Institution that has a Global Intermediary Identification Number (GIIN), provide the GIIN.

OR

If the entity is a Financial Institution but does not have a GIIN, provide its FATCA status.

- Deemed Compliant Financial Institution
- Excepted Financial Institution (Not appropriate for Trusts)
- Exempt Beneficial Owner (Not appropriate for Trusts)
- Non Reporting IGA Financial Institution
- If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN

- Nonparticipating Financial Institution
- US Financial Institution
- Other (provide 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 2.4)
- No (proceed to section 3)

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

### 2.2 TAX STATUS - APPLICABLE FOR NON-FINANCIAL INSTITUTIONS ONLY

Tick one of the boxes below.

**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 VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).

If the entity is a Foreign Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

**Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, Central Bank, or Deceased Estate**

If the entity type is listed above, proceed to section 4 to complete the form.

**Other - e.g. Passive Non Financial Entities**

If the entity type is listed above, proceed to section 2.4 (Foreign Controlling Persons).

### 2.3 COUNTRY OF TAX RESIDENCY

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

Yes. Provide the date the company became a non-resident for tax purposes, and provide all the requested information below.

Date (DD/MM/YYYY)

No (proceed to section 2.4)

If Yes, provide the countries outside of Australia in which the company is a resident for tax purposes and the associated Tax Identification Number (TIN).

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 an Employer Identification Number in the US. If a TIN is not provided, please select TIN not issued. 'TIN not issued' is only applicable to specific countries.

For more details go to [www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/](http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/)

**Note:** If there are more than 3 countries in which the company is a tax resident, provide the details on a separate paper.

Country 1 (Primary country of residence for tax purposes)

Foreign TIN 1

Reason (if TIN not applicable)

TIN not issued

Country 2

Foreign TIN 2

Reason (if TIN not applicable)

TIN not issued

Country 3

Foreign TIN 3

Reason (if TIN not applicable)

TIN not issued

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

Proceed to section 2.4.

### 2.4 FOREIGN CONTROLLING PERSONS (INDIVIDUALS)

Tax Residency rules differ by country. Whether an individual is a 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.

Does the entity have any Controlling Persons\* who are tax residents of countries other than Australia?

Yes  No

If Yes, please provide the details of these individuals below and complete a separate *BT Customer Identification Procedure Form - Individuals & Sole Traders* from [bt.com.au/aml](http://bt.com.au/aml), for each Controlling Person unless already provided.

Full Given Name	Surname	Role

If there are more Controlling Persons, provide details on a separate sheet and tick this box

\*A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership this includes any partners.

### SECTION 3: PRIVACY STATEMENT AND CONSENT REQUEST

#### Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <https://www.bt.com.au/privacy/privacy-statement.html> or by calling us on 02 8456 0230. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to update your information.

#### Consent Request

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to us holding this information after it has been provided because we are required to retain copies of identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

### SECTION 4: DECLARATION

#### I declare the following:

- The information I have provided in this form is true and correct.
- If circumstances change causing the information provided on this form to become incorrect, updated information will be provided to the product issuer.
- If I am an adviser/executor/authorised representative providing this information, I confirm that all the information specified above has come directly from the customer or individual responsible for the entity.

#### Signature of individual OR Authorised Representative.

Date (DD/MM/YYYY)

Full name of individual OR Authorised Representative for entity (please print)

Capacity (Company Director, Trustee, Authorised Representative, etc.)

AFSL Name (advisers only)

AFSL Number (advisers only)

**Post a signed copy of this completed form to:**  
BT Funds, GPO Box 804, Melbourne VIC 3001

**BT Financial Group** - A division of Westpac Banking Corporation  
ABN 33 007 457 141 AFSL and Australian credit licence 233714