



BT Customer Identification Procedure Form Unregulated Australian Trusts, Foreign Trusts and Trustees

SECTION 1: TRUST IDENTIFICATION PROCEDURE (MANDATORY)

1.1 GENERAL INFORMATION

Investor number (if known)

Full name of trust

Country where trust established

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

Principal place of business (cannot be a PO Box)

	<i>State</i>	<i>Postcode</i>
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Country, if not Australia

Settlor of Trust*

*Settlor of Trust is a person responsible for providing (or 'settling') an initial sum of money or property to the trust

Organisation

Name

Individual

Given name(s)

Surname

Verification source for Settlor of Trust (select one only and provide an original or certified copy)

Solicitor letter Trust Deed Settlement Deed

ABN (if any)

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Industry type/classification

State/Territory, country (if not Australia) of registration

Date of Registration (DD/MM/YYYY)

 / /

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 TRUST DESCRIPTION (select only one of the following)

Family Trust

Charitable Trust

Testamentary Trust

Other Type

Provide description

If the Trust is a self-managed superannuation fund, registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, do not use this form but rather complete the **Australian Regulated Trusts & Trustees Identification Form**.

1.3 BENEFICIARIES DETAILS

How are the beneficiaries described in the trust deed

Membership of a class

Details of the class (e.g. family members, unit holders etc)

Named beneficiarie

Full name of each beneficia y

	Title	Full given name(s)	Surname
1.			
2.			
3.			
4.			

Both membership of a class and named beneficiaries (complete details of class and full name of each beneficia y)

SECTION 2: TRUSTEE INFORMATION (MANDATORY)

2.1 INDIVIDUAL TRUSTEE(S)

Provide the name(s) of all individual trustee(s) and **complete an individual & sole trader ID form** for each individual

	Title	Full given name(s)	Surname
1.			
2.			
3.			
4.			

Tick here if there are more than 4 Individual Trustees and provide details on a separate sheet

2.2 COMPANY TRUSTEE

Provide the full name of the company trustee and **complete an Australian company or foreign company ID form** depending on the company type of the company trustee.

1. Full Company Name (as registered with ASIC)

Full business, trading or other name(s) under which the customer carries their business (if any)

SECTION 3: TAX INFORMATION (MANDATORY)

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

Yes. Date the trust became a non-resident for tax purposes (complete section 3)

No (proceed to section 4)

Provide the country/countries outside of Australia in which the trust 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 there are more than 3 countries in which the the trust is a tax resident, please 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

SECTION 4: BENEFICIAL OWNERSHIP (MANDATORY)

Other than the individual trustees provided in section 2.1 (if applicable) or the beneficial owner(s) of the company trustee provided in section 2.2 (if applicable), are there any individuals who have the ability to add and/or remove the trustee(s) ('Appointers') or who have the capacity to make financial and operating decisions on behalf of the trust ('Other Individuals').

Yes (complete 4.1)

No (go to section 5)

4.1 BENEFICIAL OWNERSHIP

Please provide details of any additional individuals who are Beneficial Owners and **complete separate individual customer ID forms** for each of these individuals.

Full given name	Middle name(s)	Surname	Role (e.g. Trustee, Appointer or Other Individual)
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Tick here if there are more than 2 Beneficial Owners and provide details on a separate sheet.

SECTION 5: ADDITIONAL INFORMATION (MANDATORY)

5.1 SOURCE OF FUNDS

This refers to where the trust's funds came from in regard to deposits into the account. Please note the trust 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) | |

5.2 SOURCE OF WEALTH

This refers to where or how the trust has built its net worth. Please note that the trust 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) | |

5.3 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 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 6: TRUST VERIFICATION PROCEDURE (MANDATORY)

Information to be verified

- Full name of the Trust
- For all trustees, all of the information required to be verified for that customer type
- Full name of the settlor of the trust, unless the name is not required to be collected.

Important

- Ensure individual ID forms are provided by each of the individual trustees and beneficial owners.
- Ensure Australian or foreign company ID forms are provided for each of the company trustees.
- Ensure the ID is on a letterhead (where appropriate).
- 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 (select one of the following options used to verify the Trust)
<input type="checkbox"/>	Trust Deed (or certified copy or certified extract) where the names of the trust, trustees, beneficiaries or membership class, settlor(s) where applicable, and execution page are evident
<input type="checkbox"/>	Settlement Deed or other document that contains a declaration of trust where the names of the trust and/or settlor(s) are evident
<input type="checkbox"/>	A notice issued by the ATO within the last 12 months (e.g. Notice of Assessment). Block out the TFN before copying and sending this document
<input type="checkbox"/>	ABN Lookup search
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust and/or settlor(s) within the last 12 months

SECTION 7: 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*.

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

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

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

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

Signature of Applicant 3 (Wet (pen) signature required)

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

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

Full Name

Position Held (e.g. Trustee or Director)

Date of Birth (DD/MM/YYYY)

SECTION 8: 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 unregulated trust (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"/> Original
	<input type="checkbox"/> Certified copy	
Document Issuer/ website		
Document Type/ Search details		
Issue date/search date	/	/
Expiry date	/	/

ID Document details

Document 2

Verified from	<input type="checkbox"/> Performed search	<input type="checkbox"/> Original
	<input type="checkbox"/> Certified copy	
Document Issuer/ website		
Document Type/ Search details		
Issue date/search date	/	/
Expiry date	/	/

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

- an identity verification procedure has been completed in accordance with the AML/CTF Act/Rules, in the capacity of an AFSL holder or their authorised representative and
- the Tax information provided is reasonable considering the documentation provided.

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 court¹
- A magistrate
- A chief executive officer of a Commonwealth court¹
- A registrar or deputy registrar of a court¹

Foreign jurisdiction

- A person who is authorised by law in the relevant jurisdiction to administer oaths or affirmations or to authenticate documents¹

Healthcare

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

JP

- A Justice of the Peace¹

Law enforcement office

- A police office
- A Sheriff
- A Sheriff's office

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

- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)¹
- 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>

¹ 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.

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/

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, 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

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