



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)

State

Postcode

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)

Industry type/classification

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

Date of Registration (DD/MM/YYYY)

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 beneficiaries

Full name of each beneficiary

| | 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 beneficiary)

SECTION 2: TRUSTEE INFORMATION (MANDATORY)

2.1 INDIVIDUAL TRUSTEE(S)

Provide the name(s) of all individual trustee(s) and **complete separate individual customer ID Forms** for each of these individuals.

| | 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 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) |
|-----------------|----------------|---------|--|
| | | | |
| | | | |

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 profits |
| <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 profits |
| <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 that individual customer ID Forms have been provided for the individual trustees and beneficial owners as per section 2.1 and 4; or
- Alternatively, if these individuals are existing customers, they may complete ID verification through the BT Panorama website or mobile app.
- Ensure Australian or foreign company ID forms are provided for each of the company trustees.
- 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. Ensure this document is provided on a letterhead. |

SECTION 7: AUTHORISED PERSON 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 and Counter-Terrorism Financing Act 2006 (AML/CTF Act 2006)*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016*.

Signature of Authorised Person 1 ([Wet \(pen\) signature](#) required)

Full Name

Position Held (e.g. Trustee or Director)

Date (DD/MM/YYYY)



Signature of Authorised Person 2 ([Wet \(pen\) signature](#) required)

Full Name

Position Held (e.g. Trustee or Director)

Date (DD/MM/YYYY)

Signature of Authorised Person 3 ([Wet \(pen\) signature](#) required)

Full Name

Position Held (e.g. Trustee or Director)

Date (DD/MM/YYYY)

Signature of Authorised Person 4 ([Wet \(pen\) signature](#) required)

Full Name

Position Held (e.g. Trustee or Director)

Date (DD/MM/YYYY)

SECTION 8: VERIFICATION OF ID AND DECLARATION (ADVISERS ONLY)

This section is mandatory and must be completed by the Client's financial adviser or an authorised representative for the relevant AFSL holder.

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 section 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.
- 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 *AML/CTF Act 2006*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016*.
- I confirm that I am the appointed financial adviser, or an authorised representative for the relevant AFSL holder, and that I am duly authorised to act on the Client's behalf in the completion of this form.

AFSL Name (if applicable)

AFSL Number (if applicable)

Representative/Employee Name and Staff ID

Phone number

Signature ([Digital \(written\) 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 officer

- A police officer
- A Sheriff
- A Sheriff'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

- 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 or an employee of Westpac New Zealand Limited with 2 or more years of continuous service)

A complete list of people who can certify your identification documents please refer to our website https://www.bt.com.au/content/dam/public/panorama/pdf/BT_Panorama_-_How_to_certify_documents_flyer.PDF

¹Authorised to certify a copy of your document when overseas.

The completed form can be sent to us via one of the following methods:

Your Financial Adviser: they may require a copy of this form for record keeping purposes or for processing on your behalf.

Post: BT Panorama, GPO Box 2861, Adelaide SA 5001

Questions? Call us on 1300 881 716 or email support@panorama.com.au

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

