

Either a customer or an Adviser can complete this form.

- If you are a customer, complete Sections 1 to 6.
- If you are a Financial Adviser/Authorised Representative complete Sections 1 to 5 and Section 7.

Important: We will update your details based on the information you provide on this form, or contact you if further information is required.

SECTION 1: CUSTOMER DETAILS (MANDATORY)

Account number(s) (if known)

Title Mr Mrs Ms Miss Dr

First name

Middle name(s) (mandatory if applicable)

Family name

Note: You must provide the full legal name that matches your identification documents.

If any of the names provided have changed from what is on your accounts, please complete Sections 4 and 6.

Date of Birth (DD/MM/YYYY)

 / /

Permanent residential address (cannot be a PO Box)

State Postcode

Country, if not Australia

Is the postal address different to the residential address?

- No - skip to Occupation section below
- Yes - complete the following postal address details

Postal address

State Postcode

Country, if not Australia

Occupation (if completing hard copy of this form, please refer to the online form to select ONE occupation from the drop down list)

Employment Type:

- | | |
|---|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Social security recipient |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other (home duties/
work compensation/etc.) |
| <input type="checkbox"/> Dependent contractor | |
| <input type="checkbox"/> Independent contractor | |

1.1 COMPLETE IF YOU ARE A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal place of business (cannot be a PO Box)

State Postcode

Country, if not Australia

Industry type (if completing hard copy of this form, please refer to the online form to select ONE industry type from the drop down list)

SECTION 2: TAX RESIDENCY (MANDATORY)

Are you a resident of a country other than Australia for tax purposes?

- No (proceed to Section 3)
- Yes. Date you became a non-resident for tax purposes

 / /

If yes, please also provide the country/countries outside of Australia in which you are 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 you are 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 3: ADDITIONAL INFORMATION (MANDATORY)

3.1 SOURCE OF FUNDS

This refers to where your funds came from in regard to deposits into the account. For example, if your superannuation contribution is made by your employer you would select salary/wages. Please note you may have multiple sources of funds. Please indicate all sources of funds below.

- Salary/wages
- Investment income/earnings
- Bonus
- Sale of assets
- Business profit
- Loan
- Insurance payment
- Tax refund
- Gift/donation
- Windfall
- Additional Sources (Please specify)
- Business income/earnings
- Superannuation/pension
- Commission
- Liquidation of assets
- Rental income
- Compensation payment
- Government benefit
- Redundancy
- Inheritance

3.2 SOURCE OF WEALTH

This refers to where or how you have built your net worth. For example, if your assets have been gained through savings from your salary you would select 'employment income'. Please note that you may have multiple sources of wealth. Please indicate all sources of wealth below.

- Employment income/earnings
- Investment income/earnings
- Sale of assets
- Owns real estate/property
- Rental income
- Insurance payment
- Gift/donation
- Inheritance
- Windfall
- Additional Sources (Please specify)
- Business income/earnings
- Superannuation/pension
- Liquidation of assets
- Business profit
- Redundancy
- Compensation payment
- Government benefit

SECTION 4: DOCUMENT VERIFICATION PROCEDURE (MANDATORY*)

- * This section is mandatory if:
 - a change of name is required (refer to Part V)
 - a correction to name is required, including adding a middle name (refer to Part I - Part IV)
 - a correction to date of birth is required (refer to Part I - Part IV)

Complete this form and provide the relevant certified identity document/s as outlined in Part I OR Part II OR Part III (Aged Care Resident customers) OR Part IV (Indigenous customers).

Important

The ID documents you supply must:

- be provided in alignment with the direction within your declaration section.
- be valid, clear and must not be cancelled, defaced or mutilated. Where applicable, the ID cannot be expired.
- 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.



PART I – Primary Photographic Identification Document (documents must be valid and not expired)	
Tick	Select ONE document from this section only
<input type="checkbox"/>	Australian driver's licence/learner's permit
<input type="checkbox"/>	Australian passport
<input type="checkbox"/>	Australian proof of age card issued by a State or Territory
<input type="checkbox"/>	Foreign passport or travel document issued by a foreign government, the United Nations or an agency of the United Nations (must not be cancelled, defaced or mutilated) which contains either a signature OR a unique identifier of the person
<input type="checkbox"/>	Foreign driver's licence/permit that contains a photograph of the person in whose name it issued and the individual's date of birth
<input type="checkbox"/>	National identity card issued by a foreign government, the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier of the person

PART II – Primary Non-Photographic Identification Document AND ONE Secondary Identification Document <i>(complete only if you cannot provide documents from Part I)</i>	
Tick	Select ONE Primary Non-Photographic Document from this section
<input type="checkbox"/>	Australian birth certificate (or extract issued by State or Territory)
<input type="checkbox"/>	Australian Citizenship Certificate (including a Citizenship by Descent Certificate)
<input type="checkbox"/>	Pension card issued by Department of Human Services
<input type="checkbox"/>	Health card issued by Department of Human Services
<input type="checkbox"/>	Foreign birth certificate issued by a foreign government, the United Nations or an agency of the United Nations
<input type="checkbox"/>	Citizenship certificate issued by a foreign government
Tick	AND ONE Secondary Identification Document from this section
<input type="checkbox"/>	A notice issued by the Commonwealth or a State/Territory within the last 12 months that includes the individual's name and residential address and records the provision of financial benefits (e.g Centrelink notice)
<input type="checkbox"/>	A notice issued by the Australian Taxation Office (ATO) within the last 12 months that includes the individual's name and residential address and records a debt payable by or to the individual (e.g. notice of assessment)
<input type="checkbox"/>	Utilities notice issued by a local government or utilities provider within the last 3 months and includes the customer's name and residential address and records the provision of a service to that address or name
<input type="checkbox"/>	If the individual is under the age of 18 years, notice issued by the principal of a school within the last 3 months, that includes the name of the individual, residential address and period of school attendance
<input type="checkbox"/>	Foreign driver licence which does not contain a photograph
<input type="checkbox"/>	Department of Veterans' Affairs pension concession card (Australian)

<input type="checkbox"/>	A current tenancy/lease agreement (must not be cancelled or expired)
<input type="checkbox"/>	Medicare card
<input type="checkbox"/>	Australian Marriage certificate issued by State/Territory Registry of Births, Deaths and Marriages
<input type="checkbox"/>	Identification card issued to a student at an Australian higher education institution (TAFE or University) which contains a photograph and signature
<input type="checkbox"/>	A current card issued under a Commonwealth, State, or Territory law for the purpose of identification, for a government service, or as a licence

PART III – AGED CARE RESIDENT ONLY <i>(complete only if you cannot provide documents from Part I or Part II)</i>	
Tick	Select TWO of the following documents from this section
<input type="checkbox"/>	Notice/invoice/letter issued by an Australian assisted care facility or Australian assisted care service provider within the last 3 months that includes your customer's full name and date of birth and the facility's or Customer's address
<input type="checkbox"/>	Notice/letter from an Australian Government agency issued within the last 3 months which contains the Customer's full name and address or the address of the facility where the Customer resides
<input type="checkbox"/>	A letter/correspondence, issued within the last 3 months, from a medical practitioner (for example, a general practitioner) licensed in Australia, which verifies the Customer's full name and date of birth or the Customer's full name and address
<input type="checkbox"/>	A Medicare card/Department of Veterans' Affairs pension concession card (Australian)

PART IV – Indigenous Customer ONLY <i>(complete only if you cannot provide documents from Part I or Part II)</i>	
Tick	Select ONE of the following documents
<input type="checkbox"/>	Indigenous Customer Identification Form that is: <ul style="list-style-type: none"> (i) Completed by one referee that is a recognised elder (or another person that is regarded as a leader within the community) to verify the information provided by the customer. (ii) Witnessed by an independent person with no direct familial ties to you or the referee.
<input type="checkbox"/>	Indigenous community identification card issued by an Indigenous Council or Corporation that includes the customer's name, date of birth/approximate age, address/location and photograph.



Part V – Where there is a change of name only

In order to change your name on our records, we require an original certified copy of one of the documents in Section A and one from Section B

Section	A new name accepted by Marriage	A Former name	A New name
A	<ul style="list-style-type: none"> • Marriage Certificate 	<ul style="list-style-type: none"> • Birth Certificate • Change of Name Certificate • Decree nisi if Divorce is not yet formalised • Divorce Certificate 	<ul style="list-style-type: none"> • Change of Name Certificate
B	A primary photographic identification document listed under Part I (that contains your current legal name)		

SECTION 5: 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. 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 details.

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 Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

SECTION 6: FROM THE CUSTOMER

Details provided in this section will only be updated if signed by the Customer.

6.1 CHANGE OF NAME

Complete when there is a change of name from what is on the account.

Old name

New name

Old customer signature

New customer signature

6.2 CUSTOMER DECLARATION AND CONSENT (MANDATORY IF THIS FORM IS NOT BEING COMPLETED BY A FINANCIAL ADVISER)

- 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.
- I agree to the consents in Section 5 Privacy Statement and Consent Request Section.

Note: CHES Registration amendments for Panorama require the relevant document to be completed. This can be processed online or via a form.

(Tick if applicable) I have attached legible original certified copies of Identification Documentation, and any required translation. The documents have been certified in line with the guidance on how to certify your Identity documents and who can certify, as per Appendix A of this form.

Customer signature (Wet (pen) signature required)

Date (DD/MM/YYYY)

Signatory's full name (*please print*)

Note: If you are not the customer please indicate the capacity in which you are signing the form. If signing under a power of attorney or guardianship please also attach a certified copy of the power of attorney or guardianship order and complete a separate individual identification form.

Capacity



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 Customers Financial Adviser or representative from their office.

I confirm that the following requirement has been met:

I have attached legible photocopies of original certified Identification Documentation, and any required translation, that I used to verify the individual.

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
- The Tax information provided is reasonable considering the documentation provided.

AFSL Name

AFSL Number

Representative/Employee Name and Adviser Code

Phone number

Date verification Completed (DD/MM/YYYY)

Signature (Wet (pen) signature required)

Date (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: Original certified ID documents must be supplied. Photocopies of certified documents will only be accepted from a customer's Financial Adviser or representative from their office.



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 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

- 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)

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.

You can send the completed form 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, Reply Paid 1922, Adelaide SA 5001

