

Identification for partnerships and partners

Policy number	Policy number
Policy number	Policy number
	you by completing the appropriate FSC Identification form.
We respect your privacy and handle your information in accor Australia and New Zealand Limited Privacy Policy is available	
, , ,	
Section 1: Partnership details	
1. General information	
Full name of partnership	
Registered business name of partnership (if any)	
Country who we may have him asked links of	
Country where partnership established	
2. Type of partnership	
Select only one of the following partnership types and provide	e the information requested.
Is the partnership regulated by a professional association?	
No Please go to 3 Beneficial ownership below.	
Yes Please provide details below.	
Name of association	
Membership details	
3. Beneficial ownership	
Are there any individuals who own 25% or more of the partner	rship, or who control the partnership?
Yes Please complete 3.1 Beneficial owners	
No Please complete 3.2 Other beneficial owners	



The Trustee

Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757

The Fund

Smart Future Trust ABN 68 964 712 340 The Insurer

Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694

Insurance is issued by the Insurer. The Insurer is part of the Nippon Life Group.

Section 1: Partnership details continued

3.1 Beneficial owners

Are there any individuals who own 25% or more of the partnership, or who control the partnership?

Surname

You'll need to provide individual customer identification forms for each of these individuals. The Identification for Individuals and Sole Traders form is available from acenda.com.au/proof-of-identity

Full given name(s)

Surname

Proceed to 4 Partnership details

3.2 Other beneficial owners

Full given name(s)

Partner 1

If there are no beneficial owners then provide the details of the most senior managing official of the partnership (such as the Managing Partner/Senior Managing Official or equivalent).

You'll need to provide individual customer identification forms for each of these individuals. The Identification for Individuals and Sole Traders form is available from acenda.com.au/proof-of-identity

4. Partnership details – all partnerships					
Provide the name of one of the partners AND complete an individual customer identification form for this individual (unless his Partner has already provided identification under 3. Beneficial ownership .					
Full given name(s)/Business name	Surname				

5. Partnership details - unregulated

If the partnership is not regulated by a professional association provide the names and addresses of all the other partners.

Full name					
Residential addre	ess - PO Box is not a	cceptable			
Unit number	Street number	Street name			
Suburb		State	Postcode	Country	

Partner 2					
Full name					
Residential addres	s - PO Box is not a	cceptable			
Unit number	Street number	Street name			
Suburb		State	Postcode	Country	

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Role (such as Senior Managing Partner)

Section 1: Partnership details continued Partner 3 Full name Residential address - PO Box is not acceptable Unit number Street name Street number Suburb State Postcode Country Partner 4 Full name Residential address - PO Box is not acceptable Unit number Street number Street name Suburb State Postcode Country If there are more partners, please provide details on a separate sheet. Section 2: FATCA – US Foreign Account Tax Compliance Act We are required to report details of partnerships applicable for US tax purposes to the Australian Taxation Office (ATO) which may, in turn, report you to the United States tax authority. Please select **one** of the following categories and provide the information requested. Partnerships that are not US Partnerships or financial institutions for FATCA purposes.

Please provide the name, address and US Taxpayer Identification Number (TIN) of each partner and beneficial owner who is a US citizen or resident of the US for tax purposes. Addresses are only required if they have not already been provided in this form. If there are more than three US partners and/or beneficial owners, provide the details of the additional US partners or beneficial owners on a separate sheet.

Are any of the partners or beneficial owners US citizens or residents of the US for tax purposes? Please go to Section 3: Partnership identification procedure

Please provide the relevant details below.

No

Yes

Section 2: FATCA – US Foreign Account Tax Compliance Act continued

US Person 1	US Person 2		1	US Person 3	•
Full given name(s)	Full given name	(s)		Full given nar	me(s)
			i		
Surname	Surname		;	Surname	
LIGHTIN	LUCTIN		;	LIOTINI	
US TIN	US TIN		;	US TIN	
Residential address	¦	rocc	;	Residential a	ddrocs
(PO Box is not acceptable)	(PO Box is not a				ot acceptable)
			i		
	1				
Suburb	Suburb			Suburb	
State	State			State	
Postcode	Postcode			Postcode	
Country	Country			Country	
			i		
United States Partnership	 				
A partnership created in the US, es	tablished under th	he laws of the l	JS or a US	taxpayer.	
Please provide the partnership's Ur	nited States Tax I	Identification I	Number (TII	N)	
le the portnership on exempt payer	for LIC toy purpo	2002			
Is the partnership an exempt payee)SES !			
Yes Please provide the exemp	otion code below				
No No					
Please go to Section 3: Partnersh i	ip identification p	orocedure			
Financial institution					
A custodial or depository institution	i, an investment e	entity or a speci	ified insuran	ce company fo	or FATCA purposes.
Provide the partnerships Global Int	ermediary Identi	ification Numb	er (GIIN), if	applicable	
•		• •			
If the partnership is a financial instit options on the following page.	tution but does no	ot have a GIIN,	provide its	FATCA status.	Please select one of the
Deemed compliant financial in	stitution				
	ottation				
Excepted financial institution					
Exempt beneficial owner					
Non-reporting IGA financial ins					
Non-participating financial inst	itution				
Other (describe the FATCA sta	tus in the box pro	ovided)			

For more information on FATCA go to ato.gov.au

Please go to Section 3: Partnership identification procedure

Section 3: Partnership identification procedure

Identification of partnership

Attach a legible certified copy of ID documents from the options listed below.

Tick	(/)	Provide ONE document from this section
		A certified copy or a certified extract of minutes of a partnership meeting where the officer bearers are appointed.
		A certified copy or certified extract of the partnership agreement.

Identification of a partner and beneficial owners

You'll also need to provide an **Individual and Sole Traders** form for at least **one** of your partners and **all** beneficial owners, otherwise the identification for your partnership won't be complete. This can be found at **acenda.com.au/proof-of-identity**

Section 4: Who can certify?

A document is only accepted as a certified copy if it has been certified as a true copy of the original document by a person who is currently licensed or registered to practise in Australia, in an occupation below:

- 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.
- A Justice of the Peace.
- A Judge of a court.
- A Magistrate.
- A Chief Executive Officer of a Commonwealth court.
- A Notary Public (for the purposes of the Statutory Declaration Regulations 2018).
- A Police officer.
- 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 5 or more years of continuous service who is employed in an office supplying postal services to the public.
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
- An officer with 5 or more years of continuous service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 2018) (e.g. bank manager, bank officer).
- A finance company officer with 5 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declarations Regulations 2018).

- An officer or an authorised representative of, a holder of an AFSL, having 5 or more continuous years of service with one or more licensees (e.g. financial planner, advisor, broker).
- A member of the Institute of Chartered Accountants in Australia, CPA Australia, the Australian Association of Taxation and Management Accountants and the Institute of Public Accountants.
- · Pharmacist.

Acceptable certification of ID documents

Each copy of the ID must be certified by an approved certifier as follows:

The approved certifier must write:

- Full printed name of the "Approved Certifier" (eg Michelle Helena Citizen).
- Date the document was certified.
- Signature of the approved certifier.
- The capacity in which they have certified the document, eg police officer, etc.
- The Registration number (if applicable) of the certifier.
- The following text:

If single page: This is to certify this is a true copy of the original which I have sighted.

If multiple page: I certify that this and the following (number of pages) are a true copy of the original which I have sighted.

Each following page must be initialled and dated.

Section 5: Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations PO Box 23455 Docklands VIC 3008

Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on 136 525, 8.30am to 6pm AEST, Monday to Friday.