

Identification for associations

Policy number

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You can also arrange for your financial adviser to identify you. If so, your adviser must complete the appropriate FSC Identification form.

We respect your privacy and handle your information in accordance with our privacy policy. The Nippon Life Insurance Australia and New Zealand Limited Privacy Policy is available at acenda.com.au/privacy-policy

Section 1: Association details

1. General information

Full name of Association

Full given name(s) and surname of the following (or equivalent in each case).

Chairman

Secretary

Treasurer

2. Association type

Select **one** of the following categories:

☐ Incorporated Association

Provide any ID number issued on incorporation (e.g. registration/ incorporation number)

☐ Unincorporated Association

3. All associations

Select and provide **one** of the following:

☐ **Principal place of administration** (PO Box is **not** acceptable)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Please go to **4. Beneficial owners**

The Trustee

Equity Trustees Superannuation Limited
ABN 50 055 641 757 AFSL 229757

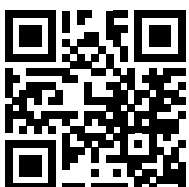
The Fund

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: Association details continued

☐ **Registered office address** - PO Box is **not** acceptable

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Please go to **4. Beneficial owners**

☐ **Name and residential address of the public officer (or president, secretary or treasurer (if there is no public officer))**

Full name of officer

Position

Residential address - PO Box is **not** acceptable

Unit number

Street number

Street name

Suburb

State

Postcode

Country

4.1 Beneficial ownership

Are there any members entitled to 25% or more of the voting rights in the association (directly or indirectly), including a power of veto?

Yes ☐ Complete 4.2 Beneficial owners

No ☐ Complete 4.3 Other beneficial owners (Unincorporated Associations)

4.2 Beneficial owners

Provide the names of the members who are entitled to 25% or more of the voting rights in the association (directly or indirectly), including a power of veto. (If there are no individuals who meet this, proceed to 4.4 Other beneficial owners)

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

4.3 Other beneficial owners (Unincorporated Associations)

Provide the name of one member with an interest of 25% or more in the assets of the unincorporated association upon dissolution of the association. If there are no individuals who meet this, proceed to 4.4 Other beneficial owners (Incorporated and Unincorporated).

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

Full given name (s)

Surname

4.4 Other beneficial owners (Incorporated and Unincorporated)

If there are no members who meet the requirements in section 4.2 or 4.3 above (as relevant) please complete this section.

Provide the name of one of the individuals who hold the position of senior managing official(s) of the association (e.g. Chairman, Secretary or Treasurer or public officer who is authorised to sign on the association's behalf).

You'll need to provide individual customer identification forms for this individual. The Identification for Individuals and sole traders form is available from acenda.com.au/proof-of-identity

Full given name (s)

Surname

Section 2: Identification procedure

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

Tick (✓)	Provide ONE ID document from the following options
☐	Minutes of a meeting where office bearers were or are appointed.
☐	A certified copy or certified extract of the Constitution or Rules of the association.

Please check the details of who can certify in **Section 3**.

Section 3: 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 4: 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.