

# **Identification for associations**

Policy number	Policy number
Policy number	Policy number
You can also arrange for your financial adviser to Identification form.	o identify you. If so, your adviser must complete the appropriate FSC
We respect your privacy and handle your informatio Australia and New Zealand Limited Privacy Policy is	on in accordance with our privacy policy. The Nippon Life Insurance s 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 <b>one</b> 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 <b>one</b> of the following:	
Principal place of administration (PO Box is r	not acceptable)
Unit number Street number Street	
Suburb	State Postcode Country
Please go to <b>4</b> . <b>Beneficial owners</b>	

The Trustee

The Fund

The Insurer

Equity Trustees Superannuation Limited Smart Future Trust ABN 50 055 641 757 AFSL 229757

ABN 68 964 712 340

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.



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#### 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.