

# Identification for partnerships and partners

Policy number	Policy number
Policy number	Policy number

You can also arrange for your financial adviser to identify you by completing the appropriate FSC Identification form. We respect your privacy and handle your information in accordance with our privacy policy. The MLC Limited Privacy Policy is available at mlcinsurance.com.au/privacy-policy

## Section 1: Partnership details

## 1. General information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

#### 2. Type of partnership

Select only **one** of the following partnership types and provide 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 partnership, or who control the partnership?

Yes Please complete 3.1 Beneficial owners



Please complete 3.2 Other beneficial owners



**Trustee** NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL 236465 **Fund** MLC Super Fund ABN 70 732 426 024 Insurer MLC Limited ABN 90 000 000 402 AFSL 230694

The Trustee is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial 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?

## 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 mlcinsurance.com.au/proof-of-identity

Full given name(s)	Surname

#### Proceed to 4 Partnership details

## 3.2 Other beneficial owners

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 mlcinsurance.com.au/proof-of-identity

Full given name(s)

Surname

Role (such as Senior Managing Partner)

## 4. Partnership details - all partnerships

Provide the name of one of the partners AND complete an individual customer identification form for this individual (unless this Partner has already provided identification under **3. Beneficial ownership**.

Full given name(s)/Business name

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## 5. Partnership details - unregulated

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

## Partner 1

Full name			
Residential address - PO Box is not acceptable			
Unit number Street number Street	name		
Suburb	State	Postcode	Country
Partner 2			
Full name			
Residential address - PO Box is not acceptable			
Unit number Street number Street   Image: Ima	name		
Suburb	State	Postcode	Country

## Section 1: Partnership details continued

## Partner 3

Full name			
Residential address - PO Box is	not acceptable		
Unit number Street numb	er Street name		
Suburb	State	Postcode	Country
<b>Partner 4</b> Full name			
Residential address - PO Box is	not acceptable		
Unit number Street numb	er Street name		
Suburb	State	Postcode	Country

## 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.

Are any of the partners or beneficial owners US citizens or residents of the US for tax purposes?

No Please go to Section 3: Partnership identification procedure

Yes Please provide the relevant details below.

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.

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

US Person 1	US Person 2	2			US Person 3	
Full given name(s)	Full given name(s)		Full given name(s)			
Surname	Surname				Surname	
US TIN	US TIN				US TIN	
Residential address (PO Box is <b>not</b> acceptable)	Residential a (PO Box is <b>n</b> e		able)		Residential ac (PO Box is <b>nc</b>	ddress ot acceptable)
Suburb	Suburb				Suburb	
State	State				State	
Postcode	Postcode				Postcode	
Country	Country				Country	
A partnership created in the US, es Please provide the partnership's UI Is the partnership an exempt payed Yes Please provide the exemp No Please go to Section 3: Partnersh Financial institution	nited States Ta	ax Identif rposes? ow	ication	Number (TI	N)	5170.0
A custodial or depository institution		-				or FATCA purposes.
Provide the partnerships <b>Global In</b>	termediary Ide		on Num	ber (GIIN), it	f applicable	
		•	•			
If the partnership is a financial insti options on the following page.	tution but does	s not have	e a GIIN,	, provide its	FATCA status.	Please select one of the
Deemed compliant financial in	stitution					
Excepted financial institution						
Exempt beneficial owner						
Non-reporting IGA financial ins	stitution					
Non-participating financial inst	titution					
Other (describe the FATCA sta		provided)				
		,				

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 **mlcinsurance.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:

#### MLC Life Insurance - Operations PO Box 23455 Docklands VIC 3008

#### Email: enquiries.retail@mlcinsurance.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.