

Identification for Australian trusts and trustees

Policy number		Policy number		
Pol	icy number Po	olicy number		
You	u can also arrange for your financial adviser to identify you b	by completing the appropriate FSC Identification form.		
	respect your privacy and handle your information in accordancestralia and New Zealand Limited Privacy Policy is available at ac			
Se	ection 1: Trust details			
1.	General Details			
	Full name of trust			
	Full business name (if any) of the trustee	Country where trust established		
2.	Type of trust Please select the type of trust. You can choose only one.			
	2.1 Regulated trusts			
	Please select the type of regulated trust. Self-Managed Superannuation fund			
	Provide the SMSF's ABN			
	Registered managed investment scheme Provide Australian Registered Scheme Number (ARS	N)		
	Government Superannuation fund Provide name of the legislation establishing the fund			
	Unregistered managed investment scheme Provide the scheme's ABN			
	Other regulated trust (A trust that is subject to the rate Territory statutory regulator such as an approved department APRA-regulated superannuation fund)			
	Provide name of the regulator (e.g. ASIC, APRA, ATO)			
	Provide the trust's ABN or registration/licensing details			
	Please go to Section 2: Regulated trust details			



The Fund The Trustee 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.

Section 1: Trust details continued

OR

2.2. Unregulated trusts Full name of Settlor/s.						
Tull Harne of Settions.						
The person/s who settles the initial sum or assets to create the trust.						
Please select the type of unregulated trusts.						
Family trust Charitable trust Testamentary trust						
Other Provide description						
Please go to Section 3: Unregulated trust details						
Soction 2: Doculated trust details						
Section 2: Regulated trust details						
1. Settlor details						
Provide the names of the person who settled the initial sum or assets to create the trust.						
2. Beneficiary details						
provided (if the trust has both named and class/es of beneficiaries).	Provide the names and/or class/es of the trust's beneficiaries. Both the names and classes of beneficiaries must be provided (if the trust has both named and class/es of beneficiaries).					
Class/es of beneficiaries						
rovide full name of each beneficiary						
Provide full name of each beneficiary						
Provide full name of each beneficiary Full given name(s) Surname						
Full given name(s) Surname						
Full given name(s) Surname						
Full given name(s) Surname Surname						
Full given name(s) Surname 1 2 3						
Full given name(s) Surname Surname						
Full given name(s) Surname Surname If there are more beneficiaries please attach a separate list.						
Full given name(s) Surname Surname If there are more beneficiaries please attach a separate list. Surname Surname						
Full given name(s) Surname Surname If there are more beneficiaries please attach a separate list. Surname Beneficiary owners of the trust Provide the names of the individuals who ultimately own or control the trust.						
Full given name(s) Surname Surname If there are more beneficiaries please attach a separate list. Surname Beneficiary owners of the trust Provide the names of the individuals who ultimately own or control the trust. Provide full name and date of birth of each beneficiary.						
Full given name(s) Surname Surname Surname Surname Surname Surname Date of birth						
Full given name(s) Surname Surname If there are more beneficiaries please attach a separate list. Seneficiary owners of the trust Provide the names of the individuals who ultimately own or control the trust. Provide full name and date of birth of each beneficiary. Full given name(s) Surname Date of birth						

If there are more beneficial owners, please attach a separate list.

4. Trustee details

Mr Mrs	Miss Ms	Other		First name			
Middle name				Last name			
Date of Birth		Email					
Home telephone		Business	telephone		Mobile		
	- PO Box is not a	·					
Unit number	Street number	Street nam	ne				
Suburb			State	Postcode	Cou	untry	
Company tru Please complete the Australian Companion Identification for a	e Company details y trustees should p	rovide the inf				ee, must also comple ida.com.au/proof-of	
Please complete the Australian Compan	e Company details y trustees should p a Foreign Company	rovide the inf					
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Company true Please complete the Australian Companion for a identity Company details Full name as regist	te Company details y trustees should p a Foreign Company ered by ASIC	rovide the inf y in addition x)	ne	. This also is avail:	able on acen		
Company true Please complete the Australian Compane Identification for a identity Company details Full name as regist gister address (Company details)	te Company details y trustees should p a Foreign Company ered by ASIC	rovide the inf y in addition x)	ne	. This also is avail:	able on acen	ida.com.au/proof-of	
Please complete the Australian Company Identification for a identity Company details Full name as regist gister address (Company Identification for a identity) Suburb	e Company details y trustees should p a Foreign Company ered by ASIC an not be a PO Bo Street number	x) Street nam	ne State	. This also is avail:	able on acen	ida.com.au/proof-of	
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Please complete the Australian Company Identification for a identity Company details Full name as regist gister address (Company details) Suburb	e Company details y trustees should p a Foreign Company ered by ASIC an not be a PO Bo Street number	x) Street nam	ne State PO Box)	. This also is avail:	Cou	ida.com.au/proof-of	
Please complete the Australian Company Identification for a identity Company details Full name as regist gister address (Company details) Suburb Company details Full name as regist Unit number	e Company details y trustees should p a Foreign Company ered by ASIC an not be a PO Bo Street number	x) Street nam	ne State PO Box)	ACN Postcode	Cou	untry	
Please complete the Australian Company Identification for a identity Company details Full name as regist gister address (Company details) Suburb Company details Full name as regist Unit number	e Company details y trustees should p a Foreign Company ered by ASIC an not be a PO Bo Street number	x) Street nam	ne State PO Box)	ACN Postcode	Cou	untry	

Directors

To be completed for proprietary companies, not required for public companies as above. Provide full name of each Director.

Full given name(s)	Surname					
1						
2						
3						
4						
If there are more directors, provide a separate list.						
Please go to Beneficial owners						
Regulatory/Listing details						
If the company is regulated or listed, please select the required.	elevant category (if applicable) and provide the information					
Regulated company	Regulator name					
A company whose activities are subject to the oversight of a Commonwealth, State or Territory						
statutory regulator. In this context 'Regulated'	Licence details					
means subject to supervision beyond that provide	ed Electice details					
by ASIC as a company registration body. Examples include:						
•	Australian Financial Services Licensee (AFSL)					
Australian Public Listed company A company that is listed on an Australian financial market such as the ASX.	Name of market/exchange					
Majority owned subsidiary of an Australian	Australian listed company name					
Public Listed company A company that is majority owned by an Australian	n					
company that is listed on an Australian financial	Name of market/exchange					
market such as the ASX.	name of manos storiange					
If you have selected one of the above regulated/listed confirmed if not, proceed to Beneficial owners below.	ompany types above proceed to 5. FATCA .					
Beneficial owners of the Trustee Company						
To be completed for all companies that are not Australia Public Listed company or Regulated Companies as above	n Public Listed companies, majority owned by an Australian ve.					
Are there any individuals who ultimately own or control (more of the company's issued share capital?	directly or indirectly) through one or more shareholdings 25% or					
Yes Please complete Shareholder benefici	al owners					
No Please complete Other beneficial own	ers					

Sharehold beneficial owners

Provide the names of the individuals who ultimately own or control (directly or indirectly) through one or more shareholdings 25% or more of the company's issued share capital. Full name Date of birth (DD/MM/YYYY) Residential address - PO Box is not acceptable Unit number Street number Street name Suburb State Postcode Country Full name Date of birth (DD/MM/YYYY) Residential address - PO Box is not acceptable Unit number Street number Street name Suburb State Postcode Country Full name Date of birth (DD/MM/YYYY) Residential address (PO Box is not acceptable) Unit number Street number Street name Suburb State Postcode Country Full name Date of birth (DD/MM/YYYY) Residential address - PO Box is not acceptable Unit number Street number Street name State Suburb Postcode Country

Proceed to 5. FATCA

Other beneficial owners

5.

6.

Provide the name of the most senior managing official of the company (such as the managing director or director who is authorised to sign on the company's behalf).

Full name	Date of birth (DD/MM/YYYY)
Residential address (PO Box is not acceptable)	
Unit number Street number Street name	
Suburb State Postcode	Country
Proceed to 5. FATCA	
FATCA – US Foreign Account Tax Compliance Act	
Regulated super funds (Self-Managed Superannuation Funds, APRA regulated supe	r funds, government super funds
or pooled superannuation trusts) are not required to complete this question and can	proceed to 6. Trust identification
documents . We are required to report details of Trusts applicable for US tax purpos (ATO) which may, in turn, report you to the United States tax authority.	ses to the Australian Taxation Office
Provide the trust or trustee's Global Intermediary Identification Number (GIIN) , if	applicable.
If the Trust or Trustee is a financial institution but does not have a GIIN, provide its For the options below. Deemed compliant financial institution Excepted financial institution Exempt beneficial owner Non reporting IGA financial institution	ATCA status. Please select one
Non participating financial institution	
Other (describe the FATCA status in the box provided)	
For more information on FATCA go to ato.gov.au	
Trust identification documents	
We'll also need identification documents for your Trust. Please check the list below a	nd attach vour documents to this form
Tick (✓) Please provide ONE of the following documents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
An original or certified copy of the trust deed or if not reasonably availa the trust deed.	ble an original or certified extract of
A copy of an offer document of the managed investments scheme (eg a Statement).	a copy of a Product Disclosure

A copy or relevant extract of the legislation establishing the government superannuation fund sourced from

Please go to Section 4 for details of who can certify your documents

Perform a search of the ASIC, ATO or relevant regulator's website.

(eg "Super Fund Lookup" at www.abn.business.gov.au)

a government website.

Section 3: Unregulated trust details

1. Beneficiary details

	ass, see of perioriciaries (e.g. ariit fields)	s, family membe	ers of named person	, charitable organisations/causes)	
Pro	ovide full name of each beneficiary.				
	Full given name(s)		Surname		
1					
2					
3	3				
4					
If t	here are more beneficiaries, please attac	ch a senarate list			
	·	on a separate hist	•		
Ве	eneficial owners of the Trust				
	Provide the names of the individuals who ultimately own or control the trust. For Discretionary Trusts, usually this is th Trust's appointer, as they can control appointing or removing the Trustees who use the various Trust powers.				
	Full given name(s)	Surname		Date of birth	
1					
2					
3					
4					
_	ustee details				
Irt					
You So trus	u have to provide details and verify all Tr le Traders form for each individual trustestee available at acenda.com.au/proof-	ee or an Identific	ation of an Australia e will be considered a	n Company form for each corporate	
You So tru:	le Traders form for each individual truste stee available at acenda.com.au/proof- ustee 1	ee or an Identific	ation of an Australia e will be considered a Trustee 2	in Company form for each corporate	
You So tru:	le Traders form for each individual truste stee available at acenda.com.au/proof-	ee or an Identific	ation of an Australia e will be considered a	n Company form for each corporate	
You So tru:	le Traders form for each individual truste stee available at acenda.com.au/proof- ustee 1 Il name	ee or an Identific	ation of an Australia e will be considered a Trustee 2	n Company form for each corporate	
You So tru: Tru Full	le Traders form for each individual truste stee available at acenda.com.au/proof- ustee 1 Il name	ee or an Identific	ation of an Australia e will be considered a Trustee 2 Full name	n Company form for each corporate	
You So true Tru Full	le Traders form for each individual truste stee available at acenda.com.au/proof- ustee 1 Il name	ee or an Identific	ation of an Australia e will be considered a Trustee 2 Full name Or	in Company form for each corporate	
You So true True Full Or Co	le Traders form for each individual truste stee available at acenda.com.au/proof- ustee 1 Il name	ee or an Identific of-identity. Thes	ation of an Australia e will be considered a Trustee 2 Full name Or Company name Residential addres	in Company form for each corporate	
You So true Tru Full Or Co	le Traders form for each individual trustestee available at acenda.com.au/proofustee 1 Il name Impany name sidential address if an individual trustee	ee or an Identific of-identity. Thes	ation of an Australia e will be considered a Trustee 2 Full name Or Company name Residential addres office address if a	an Company form for each corporate as the beneficial owners of the trust. The second of the trust of the tru	

$\textbf{Section 3: Unregulated trust details} \ continued$

4.

Trustee 3	Trustee 4
Full name	Full name
Or	Or
Company name	Company name
Residential address if an individual trustee or registered office address if a company trustee - PO Box is not acceptable	Residential address if an individual trustee or registered office address if a company trustee - PO Box is not acceptable
Postcode Country	Postcode Country
If you have more trustees, please attach a separate list.	1
FATCA – US Foreign Account Tax Compliance Act We are required to report details of Trusts applicable for US t	t tax purposes to the Australian Taxation Office (ATO) which may
report you to the United States tax authority.	
Please choose one of the following options.	
A Trust that has a Trustee that is a Financial Institution	-
Provide the trust or trustee's Global Intermediary Ident	
	•
Please go to Section 4 for details of who can certify you	ur documents
Australian registered charity or deceased estate	
	ur de cursonte
Please go to Section 4 for details of who can certify you	ar documents.
Other	
Are any of the trust beneficiaries, trustees, settlors or be purposes?	eneficial owners' US citizens or residents of the US for tax
No Yes	
If the Trustee is a company are any of this company's be purposes?	eneficial owners US citizens or residents of the US for tax
No Yes	

Please provide the name, address and **US Taxpayer Identification Number (TIN)** of each beneficiary, Trustee, settlor or beneficial owner who is a US citizen or resident of the US for tax purposes. If there are more than three, provide the details on a separate sheet.

US Person 1	US Person 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 not acceptable	Residential address - PO Box is not acceptable	Residential address - PO Box is not acceptable	
Suburb	Suburb	Suburb	
State	State	State	
Postcode	Postcode	Postcode	
Country	Country	Country	

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

Please go to Section 4, page 9 for details of who can certify your documents.

5. Identification documents

You'll need to provide identification documents for your Trust and ALL Trustees. To identify the Trustees, please complete the relevant identification form available on **acenda.com.au/proof-of-identity**

Trust identification documents

Tick (✓)	Please provide ONE of the following documents
	An original or certified copy of the trust deed or if not reasonably available an original or certified extract of the trust deed.

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.