

GUIDE TO COMPLETING THIS FORM

- o This form is for PARTNERSHIPS & PARTNERS.
- o Provide details for the Partnership's Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Provide a separate Customer ID Form for ONE of the Partners (Section 1.4), unless an ID Form has been provided for this partner as a Beneficial Owner.
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE

1.1 General Information

Full name of partnership	<input type="text"/>
Registered business name of partnership (if any)	<input type="text"/>
Country where partnership established (if not established in Australia)	<input type="text"/>

1.2 Type of Partnership (✓ whether the partnership is regulated by a professional association and if so, provide the information requested)

Is the partnership regulated by a professional association?

- Yes** (Provide details below) **No**

Provide name of association	<input type="text"/>
Provide membership details	<input type="text"/>

1.3 Beneficial Ownership

Are there any individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including power of veto?

- Yes (Complete 1.3.1) No (Complete 1.3.2)

1.3.1 Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

Complete a separate individual customer ID form for each of these individuals.

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If Beneficial Owner name/s are provided above, proceed to section 1.4.

1.3.2 Other Beneficial Owners

If there are no individuals who meet the requirement of 1.3.1, provide the names of the individuals who directly or indirectly control* the partnership.

* includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the partnership (such as the Managing Partner or Senior Managing Official).

Complete a separate individual customer ID form for each of these individuals.

Full given name(s)	Surname	Role (such as Senior Managing Partner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

1.4 Partnership Details – ALL Partnerships

Provide the name of one of the Partners AND **complete a separate customer ID form for this Partner** (unless this Partner has already provided a customer ID form in section 1.3).

Partner

Full given name(s)/ Business name Surname

1.5 Partnership Details - Partnerships not regulated by a professional association

If the Partnership is not regulated by a professional association, provide the names and addresses of all the other Partners.

Partner 1

Full given name(s)/ Business name Surname

Residential/ Business Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 2

Full given name(s)/ Business name Surname

Residential/ Business Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 3

Full given name(s)/ Business name Surname

Residential/ Business Address (PO Box is NOT acceptable)

Suburb State Postcode Country

If there are more partners, provide details on a separate sheet and tick this box .

SECTION 2: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT)

2.1 FATCA Status (select ✓ only ONE of the following categories and provide the information requested)

United States Partnership (A partnership created in the US, established under the laws of the US or a US taxpayer)

Provide the Partnership's US Taxpayer Identification Number (TIN)

Is the Partnership an exempt payee for US tax purposes?

Yes No

If the Partnership is an exempt payee, provide its exemption code

If the Partnership is a US Partnership section 2 is complete, proceed to section 3.

Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA purposes)

Provide the partnership's Global Intermediary Identification Number (GIIN), if applicable

If the partnership is a Financial Institution but does not have a GIIN, provide its FATCA status (select ✓ ONE of the following statuses)

Deemed Compliant Financial Institution

Excepted Financial Institution

Exempt Beneficial Owner

Non Reporting IGA Financial Institution

Nonparticipating Financial Institution

Other (describe the FATCA status in the box provided)

If the partnership is a Financial Institution section 2 is now complete, proceed to section 3.

Other (Partnerships that are not US Partnerships or Financial Institution)

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

Yes No

If yes, provide the name, address and US Taxpayer Identification Number (TIN) of each partner 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 the 3 US partners, provide the details of the additional US partners on a separate sheet.

US Partner 1	US Partner 2	US Partner 3
Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
US TIN <input type="text"/>	US TIN <input type="text"/>	US TIN <input type="text"/>
Residential Address (PO Box is NOT acceptable) <input type="text"/>	Residential Address (PO Box is NOT acceptable) <input type="text"/>	Residential Address (PO Box is NOT acceptable) <input type="text"/>
Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>	Suburb <input type="text"/> State <input type="text"/>
Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>	Country <input type="text"/> Postcode <input type="text"/>

SECTION 3: PARTNERSHIP VERIFICATION PROCEDURE**Partnership verification procedure**

Information to be verified:

- o Complete Part I (for all partnerships) and
- o Complete Part II (if the partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement. *
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting. *
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association. *
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association. *
<input type="checkbox"/>	A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia. *

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent). *
<input type="checkbox"/>	Membership details independently sourced from the relevant association. *

* Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for EACH of the Partnership's Beneficial Owners as per 1.3 AND
- Ensure that a customer ID Form has been provided for ONE of the Partners as per 1.4 AND
- Either attach a legible certified copy of the ID documentation used to verify the partnership and selected partner (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer/website		
Issue Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Individual Customer ID Forms have been provided for all of the Partnership's Beneficial Owners;
- Customer ID Forms have been provided for one of the Partners and
- the FATCA information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Complete