

## Know your customer – other organisation

### Information sheet

#### When to use this form

Use this form to provide the information we need to verify the organisation's identity and to meet our legal obligations (including those under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*).

#### Verifying a customer's identity

We need to verify or confirm your identity by checking that certain details you provide in this form **match** the details that are in certain documents you need to attach to this form.

! Please send us **original certified copies** of your original documents—don't send us the original documents.

If the document is not written in English, then you must also attach an English translation prepared by an accredited translator.

#### Getting your copies certified

A copy of a document must be certified to be a true and correct copy of the original document. Only certain people can certify copies including:

- police officer or sheriff
- justice of the peace or notary public
- legal practitioner, magistrate, judge or registrar/deputy registrar of a court
- pharmacist, physiotherapist or veterinary surgeon
- optometrist, dentist, medical practitioner or nurse
- member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants.

You can see the full list of people who can certify documents or extracts at [resolutionlife.com.au/identification](https://resolutionlife.com.au/identification).

#### Example:

I certify that this is a true and correct copy of the original document.

*John Citizen*

John Citizen, Justice of the Peace 10  
Other Street  
Suburb NSW 2000

02 9999 9999 30 May 2015

#### Documents for an organisation

The document you need to send us depends on the type of organisation:

##### Partnership

One of these:

- the partnership agreement (or an extract)
- the minutes from a partnership meeting (or an extract)
- membership details independently sourced from the relevant professional association
- a certificate of registration of business name issued by a government or government agency in Australia
- a letter from a solicitor or qualified accountant that confirms the name and existence of the partnership.

##### Plus

- **for a regulated partnership only**, a current membership certificate (or equivalent) of a professional association.

##### Association

One of these:

- the constitution or rules of the association (or an extract)
- the minutes of a meeting of the association (or an extract)
- **for an incorporated association only**, information (or an extract) provided by the relevant registration body responsible for the incorporation of the association.

##### Registered co-operative

One of these:

- the register maintained by the cooperative (or an extract)
- the minutes of a meeting of the cooperative (or an extract).

##### Government body

One of these:

- if established under legislation, the legislation (or an extract) obtained from a reliable and independent source, such as a government website.
- search of relevant commonwealth, state, territory or foreign country website for confirmation of the government body's existence (screen print of search process)
- review the relevant commonwealth, state, territory or foreign country register of government bodies (where available).

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## Documents for any individual, beneficial owner or controlling person

So we can verify the identity of any partner, signing member, beneficial owner or controlling person you listed in the form, you need to send us the documents shown under option A or B:

### Option A

One of these:

- current Australian state or territory driver licence that has your photo
- Australian passport that is current or expired within the last two years
- card issued under a state or territory law to prove your age that has your photo
- current foreign government passport (or similar international travel document) that has your photo and signature
- current foreign driver licence that has your photo
- current national identity card that has your photo.

### Option B

One of these:

- Australian or foreign birth certificate
- Australian or foreign citizenship certificate
- birth certificate extract
- pension card issued by Department of Human Services
- health card issued by Department of Human Services.

### Plus

**!** The documents listed below are only **valid** if they include the customer's full name and residential address.

One of these:

- a document issued by the Commonwealth or a state or territory within the last 12 months that shows financial benefits paid to you
- a document issued by the ATO within the last 12 months that shows money to be paid to you or that you need to pay to them (make sure you cross out your TFN)

- a document issued by a local government body or utility provider within the last three months that shows the services provided to you at your address
- if you're under 18 years old, a notice issued by a school principal within the last three months that shows how long you attended that school.

## Privacy – use and disclosure of personal information

The privacy of your personal information is important to us.

We collect and hold personal information about you so we can provide you with financial products and services and assist you with your ongoing financial needs. If we do not collect this information, we may not be able to provide you with these products and services. We may also use your personal information for other purposes, such as enhancing our customer service and product options, and to inform you of opportunities which may be beneficial to you via direct marketing. Please contact us if you do not want to receive this information.

Personal information may be shared with business areas or companies within the Resolution Life Group. We may also provide information to local and overseas entities which provide Resolution Life with administrative, financial, research or other services, other insurers and credit providers, financial adviser, brokers and other organisations authorised by Resolution Life to assist in reviewing customer needs. A list of countries where these providers are likely to be located can be accessed via our privacy policy.

We may also disclose personal information to courts, tribunals and disputes resolution bodies, government agencies, and other bodies we are required to provide information to under the law.

The Resolution Life privacy policy (available at [resolutionlife.com.au](https://www.resolutionlife.com.au)) provides more information about how we manage and protect your personal information. It sets out how you can access and correct your information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Please keep this information sheet for your records—don't return it with your completed form(s).

# Know your customer – other organisation

Use this form to provide the information we need to verify the organisation’s identity and to meet our legal obligations (including those under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*).

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

## 1. What you need to do

**What type of organisation are you completing this form for?**

Partnership > Complete sections **1–6, 12 and 13**

Incorporated association > Complete sections **1, 2, 7 and 11–13**

Unincorporated association > Complete sections **1, 2, 8 and 11–13**

Registered co-operative > Complete sections **1, 2, 9 and 11–13**

Government body > Complete sections **1, 2 and 10–13**

## 2. Products held and name – all organisations

Please provide the plan/policy/member/account number for products held with Resolution Life or any other reference number:

Full name of organisation

## 3. Partnership

Full registered business name of partnership (if any)

Where was the partnership set up?

- Australia
- Other—provide details below:

Name of country

Is your partnership regulated by a professional association and are you a current member of that association?

- No—go to section 4
- Yes—provide details below:

Name of professional association

Membership details with association

## 4. Partner details – partnership

How many partners does your organisation have?

If your partnership is regulated by a professional association and you are a current member of that association, then you only need to provide the following details for the primary partner.

In all other cases, you need to provide details for ALL partners (if your organisation has more than 10 partners, attach a separate sheet).

### Partner 1 (or primary partner)

Title

Date of birth

 DDMMYYYY

Surname

Given name(s)

Gender

- Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Country

#### 4. Partner details – partnership (continued)

##### Partner 2

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

##### Partner 3

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

#### 4. Partner details – partnership (continued)

##### Partner 4

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

##### Partner 5

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

**4. Partner details – partnership (continued)**

**Partner 6**

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

**Partner 7**

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

**4. Partner details – partnership (continued)**

**Partner 8**

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

**Partner 9**

Title  Date of birth

Surname

Given name(s)

Gender  Male  Female  Other

Residential address (PO Box is not acceptable)

Suburb  State  Postcode

Country

#### 4. Partner details – partnership (continued)

##### Partner 10

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address (PO Box is not acceptable)	<input type="text"/> <input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

#### 5. Beneficial owners – partnership

List the people who ultimately own 25% or more of the partnership or are entitled (directly or indirectly) to exercise 25% or more of the voting rights, including power of veto.

You'll also need to attach customer identification documents for each person listed.

Does your partnership have any beneficial owners?

- No—go to section 6  
 Yes—provide details below for each beneficial owner:

##### Beneficial owner 1

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address (PO Box is not acceptable)	<input type="text"/> <input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

#### 5. Beneficial owners – partnership (continued)

##### Beneficial owner 2

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address (PO Box is not acceptable)	<input type="text"/> <input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

##### Beneficial owner 3

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residential address (PO Box is not acceptable)	<input type="text"/> <input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

##### Beneficial owner 4

Title	Date of birth	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	

## 5. Beneficial owners – partnership (continued)

### Beneficial owner 4 (continued)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

## 6. Controlling persons – partnership

**!** Complete this section if you didn't list any beneficial owners in section 5.

List the people who directly or indirectly control the partnership. You'll also need to attach customer identification documents for each person listed.

**Note:** A person may control the partnership through the capacity to make decisions about financial or operating policies or, by way of trusts, agreements and practices. If this person can't be identified, provide details of the senior official(s) such as a managing partner or an individual with authorisation to sign on the partnership's behalf.

### Controlling person 1

Role

Title

Date of birth

 

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

## 6. Controlling persons – partnership (continued)

### Controlling person 2

Role

Title

Date of birth

 

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

### Controlling person 3

Role

Title

Date of birth

 

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

## 6. Controlling persons – partnership (continued)

### Controlling person 4

Role

Title

Date of birth

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

## 7. Incorporated association

Identification number issued on incorporation (if any)

Select **one** of the following options and provide the relevant details below:

- Registered office address
- Principal place of administration
- Public officer's name and residential address
- Treasurer's residential address (if no public officer details)
- Secretary's residential address (if no public officer details)
- President's name and residential address (if no public officer details)

### Name of any public officer or president

Title

Surname

Given name(s)

## 7. Incorporated association (continued)

### Address

Address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

## 8. Unincorporated association

### Principal place of administration

Address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

### Signing member's name and address

Provide details below for the member who can enter into transactions on behalf of the association.

Title

Date of birth

Surname

Given name(s)

Gender

Male  Female  Other

Address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country



## 9. Registered co-operative

Identification number issued by relevant registration body

Select **one** of the following options and provide the relevant details below:

- Registered office address
- Principal place of operations
- Secretary's residential address
- Treasurer's residential address (if no secretary details)
- President's name and residential address (if no secretary details)

### Name of president (if relevant)

Title

Surname

Given name(s)

### Address

Address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

## 10. Government body

Which of the following is the government body part of?

- Commonwealth of Australia
- Australian state or territory—provide details below:

- Other country—provide details below:

### Principal place of operation address

Address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

## 11. Controlling persons

**!** Complete this section for:

- an association
- a registered co-operative
- a foreign government body.

List the people who directly or indirectly control the organisation. Include at a minimum the chairman, president, treasurer, secretary or equivalent office holder as they apply to your organisation.

You'll also need to attach customer identification documents for each person listed.

### Controlling person 1

Role

Title

Date of birth

Surname

Given name(s)

Gender

- Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

Country

### Controlling person 2

Role

Title

Date of birth

Surname

Given name(s)

## 11. Controlling persons (continued)

### Controlling person 2 (continued)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

### Controlling person 3

Role

Title

Date of birth

 

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

## 11. Controlling persons (continued)

### Controlling person 4

Role

Title

Date of birth

 

Surname

Given name(s)

Gender

Male  Female  Other

Residential address (PO Box is not acceptable)

  

Suburb

State

Postcode

  

Country

## 12. Customer declaration – all organisations

These declarations are given by the organisation named in section 2 and by any signatories signing this form.

I understand that it's a criminal offence to knowingly provide:

- information in this form that is false or misleading
- false documents to support this form.

I declare that the information in this form and in any supporting document:

- is complete and correct
- that is about another person has been provided with their consent (if required)
- may be used for any product, service or benefit that I hold, apply for, request or obtain
- may be disclosed to and used by the provider of the product, service or benefit in line with their privacy obligations to comply with anti-money laundering and counter-terrorism financing legislation.

**Note:** Anyone authorised to sign or transact on behalf of the organisation must be appointed in line with the relevant application form, product disclosure statement or other disclosure document.

### Signatory 1

Name

Signature

Date

### Signatory 2

Name

Signature

Date

## 13. Checklist – all organisations

- Have you completed all relevant sections of this form?
- Have you read and understood the declaration in section 12 and signed and dated that section?
- If your partnership has more than 10 partners, have you attached a separate sheet with the name details for the other partners?
- Have you attached original certified copies of documents to verify the identity of your organisation as set out in the **information sheet**?
- Have you attached original certified copies of documents to verify the identity of the primary partner or any beneficial owner or controlling person that you listed in this form as set out in the **information sheet**?

### Financial adviser and office use

Request ID

Financial adviser ID

Financial adviser name

Customer identification verified by:

- Originals
- Original certified copies
- Register search
- Attached documents