

# Identification Form for Unregulated Trusts and Trustees

## Information sheet

### Identification and verification

All clients applying for a new policy must complete the identification procedures for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws. In addition, in order to comply with the obligations of the *Foreign Account Tax Compliance Act* (FATCA) and Common Reporting Standard (CRS) we are required to collect further information.

To do this, you need to complete the attached form.

### What do I need to complete?

The table over the page provides you with a guide on which mandatory sections you need to complete as identified by a solid dot (•).

Where a section does not apply to all trust or trustee types, an explanation is provided as additional guidance.

### You will need to identify what type of trust you are – are you:

- a family trust
- a charitable trust
- a testamentary trust
- an other unregulated trust (trusts that are not subject to the oversight of a Commonwealth, State or Territory statutory regulator).

If you are any of the following you should complete the Identification Form Australian Regulated Trusts and Trustees:

- a regulated trust eg a Self Managed Superannuation Fund (SMSF) or a trust that is regulated by the Australian Securities and Investments Commission (ASIC), the Australian Taxation Office (ATO) or the Australian Prudential Regulation Authority (APRA)
- a registered managed investment scheme (ie managed investment scheme that is registered by ASIC)
- an Australian Government superannuation fund (ie a government superannuation fund established under Commonwealth or State/ Territory legislation), or
- an other regulated trust.

### Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

### Identification requirements

#### What the certifier needs to do to certify your photocopied ID

The certifier can certify the photocopy of your ID by placing a stamp or writing 'This is a true and correct copy of the original' followed by their signature, printed name, qualification and the date. For example:

#### Persons who can certify documents

A person who is currently licensed or registered under a law to practise in Australia in one of the following occupations:

- Architect
- Chiropractor
- Dentist
- Financial adviser or financial planner
- Legal practitioner
- Medical practitioner
- Midwife
- Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*, or similar legislation in a foreign country
- Nurse
- Occupational therapist
- Optometrist
- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trade marks attorney
- Veterinary surgeon



- 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 (however described);
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees;
- An officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees; or a person who is in the following list:
- Accountant who is:
  - a. a fellow of the National Tax Accountants' Association; or
  - b. a member of any of the following:
    - i. Chartered Accountants Australia and New Zealand;
    - ii. the Association of Taxation and Management Accountants;
    - iii. CPA Australia;
    - iv. the Institute of Public Accountants
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- APS employee engaged on an ongoing basis with two or more years of continuous service who is not specified in another item in this list
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*).
- Bailiff
- Bank officer with two or more continuous years of service
- Building society officer with two or more years of continuous service
- Chief executive officer of a Commonwealth court
- Clerk of a court
- Commissioner for Affidavits
- Commissioner for Declarations
- Credit union officer with two or more years of continuous service
- Employee of a Commonwealth authority engaged on a permanent basis with two or more years of continuous service who is not specified in another item in this list
- Employee of the Australian Trade and Investments Commission who is:
  - a. in a country or place outside Australia; and
  - b. authorised under paragraph 3(c) of the *Consular Fees Act 1955*; and
  - c. exercising the employee's function in that place
- Employee of the Commonwealth who is:
  - a. at a place outside Australia; and
  - b. authorised under paragraph 3(d) of the *Consular Fees Act 1955*; and
  - c. exercising the employee's function in that place
- Engineer who is:
  - a. a member of Engineers Australia, other than at the grade of student; or
  - b. a Registered Professional Engineer of Professionals Australia; or
  - c. registered as an engineer under a law of the Commonwealth, a State or Territory; or
  - d. registered on the National Engineering Register by Engineers Australia
- Finance company officer with two or more years of continuous service
- Holder of a statutory office not specified in another item in this list
- Judge
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of the Australian Defence Force who is:
  - a. an officer; or
  - b. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
  - c. a warrant officer within the meaning of that Act
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Governance Institute of Australia Ltd
- Member of:
  - a. the Parliament of the Commonwealth; or
  - b. the Parliament of a State; or
  - c. a Territory legislature; or
  - d. a local government authority
- Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public, including a notary public (however described) exercising functions at a place outside:
  - a. the Commonwealth; and
  - b. the external Territories of the Commonwealth
- Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office providing postal services to the public
- Permanent employee of:
  - a. a State or Territory or a State or Territory authority; or
  - b. a local government authority; with two or more years of continuous service other than such an employee who is specified in another item in this list
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive employee of a Commonwealth authority
- Senior Executive employee of a State or Territory
- SES employee of the Commonwealth
- Sheriff
- Sheriff's officer
- Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution.

## Identification and verification procedure for the trust and trustee

- You need to complete section 1.4 for all trustees (including trustees that are individuals and trustees that are an Australian company or foreign company).
- If the trust has more than one trustee, you need to provide us with information for ONLY ONE of the trustees.
- If the selected trustee is a Foreign company, please complete the **FOREIGN COMPANY IDENTIFICATION FORM** in addition to this form.

## Section

|                                                     |                                                 |                                                                                                                                                                                              |
|-----------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 Unregulated trust identification procedure</b> |                                                 |                                                                                                                                                                                              |
| 1.1                                                 | General information                             | •                                                                                                                                                                                            |
| 1.2                                                 | Type of unregulated trust                       | •                                                                                                                                                                                            |
| 1.3                                                 | Beneficiaries' details                          | •                                                                                                                                                                                            |
| 1.4                                                 | Trustee details                                 | Provide full name and address of all trustees.                                                                                                                                               |
| 1.5                                                 | Beneficial ownership                            | Provided the names of the individuals that directly or indirectly control the trust.                                                                                                         |
| <b>2 Tax information</b>                            |                                                 |                                                                                                                                                                                              |
| 2.1                                                 | Tax status                                      | •                                                                                                                                                                                            |
| 2.2                                                 | Foreign controlling persons (Individuals)       | •                                                                                                                                                                                            |
| 2.3                                                 | Country of tax residency                        | •                                                                                                                                                                                            |
| <b>3</b>                                            | <b>Unregulated trust verification procedure</b> | Resolution Life will perform the trust verification procedure. However if we cannot access the information to complete this procedure we may ask you to provide us with further information. |
| <b>4</b>                                            | <b>Record of verification procedure</b>         | To be completed by the adviser.                                                                                                                                                              |

## Where to send this form

Please mail this form to:

Acenda  
Guaranteed Annuities  
GPO Box 3306  
Sydney NSW 2001

## What you need to know

The issuer of this product is Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life). As product issuer, only Resolution Life has obligations in respect of this product and provides any guarantee offered under it. Acenda is a registered trademark of Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 (formerly MLC Limited), a related body corporate of Resolution Life, and is used under licence by Resolution Life. If the information in this document is factual information only, it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any advice is provided by Resolution Life, is general advice and does not take into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as the product disclosure statement (if available) and policy document for this product. Any Target Market Determinations for this product can be found at [acenda.com.au/tmd](https://acenda.com.au/tmd). Resolution Life can be contacted by calling **13 57 22**.

### GUIDE TO COMPLETING THIS FORM

- o This form is for all Trusts that are not subject to the oversight of an Australian statutory regulator. Trusts that are subject to the oversight of an Australian statutory regulator, including Self-Managed Superannuation Funds, should complete the AUSTRALIAN REGULATED TRUSTS AND TRUSTEES IDENTIFICATION FORM.
- o Provide information about the Trust (Section 1) and complete the Trust verification procedure (Section 3).
- o Provide details for ALL Trustees (Section 1.4) and provide a separate Customer ID Form for ONE of the Trustees.
- o Provide details for the Trust's Beneficial Owners (Section 1.5) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Tax information must be collected from an authorised representative of the Trust
- o Complete all applicable sections of this form in BLOCK LETTERS.

## SECTION 1: TRUST IDENTIFICATION PROCEDURE

### 1.1 General Information

|                                                                    |  |
|--------------------------------------------------------------------|--|
| Full name of the Trust                                             |  |
| Full business name of the Trustee in respect of the Trust (if any) |  |
| Country where Trust established (if not established in Australia)  |  |
| Full Name of Settlor/s*                                            |  |

\* The person/s who settles the initial sum or assets to create the Trust.

### 1.2 Type of Unregulated Trust

**Tick ✓** Select one of the following types of Trusts

- ☐ Family Trust

☐ Charitable Trust

☐ Testamentary Trust
- ☐ Other type provide description

Self-managed superannuation funds, registered managed investment schemes, government superannuation funds or other regulated Trust should complete the **AUSTRALIAN REGULATED TRUSTS & TRUSTEES IDENTIFICATION FORM**, rather than this form.

### 1.3 Beneficiaries Details

Provide the names (1.3.1) and/or class/es (1.3.2) 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).

#### 1.3.1 Named Beneficiaries

|   | Full Given / Entity name(s) | Surname |
|---|-----------------------------|---------|
| 1 |                             |         |
| 2 |                             |         |
| 3 |                             |         |
| 4 |                             |         |

#### 1.3.2 Class/es of beneficiaries (e.g. unit holders, family members of named person, charitable organisations/causes)

If there are more beneficiaries provide details on a separate sheet and tick this box ☐.

**1.4 Trustee Details**

Provide the name & residential/business addresses of **ALL** of the Trustees below.

**Complete a separate Customer ID Form for ONE of these Trustees\*.**

| Trustee 1                                                                  |                      | Trustee 2                                                                  |                      | Trustee 3                                                                  |                      |
|----------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|----------------------|
| Full given name(s)/ Company name                                           |                      | Full given name(s)/ Company name                                           |                      | Full given name(s)/ Company name                                           |                      |
| <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      |
| Surname                                                                    |                      | Surname                                                                    |                      | Surname                                                                    |                      |
| <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      |
| Residential/ Business Address<br><small>(PO Box is NOT acceptable)</small> |                      | Residential/ Business Address<br><small>(PO Box is NOT acceptable)</small> |                      | Residential/ Business Address<br><small>(PO Box is NOT acceptable)</small> |                      |
| <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      | <input type="text"/>                                                       |                      |
| Suburb                                                                     | State                | Suburb                                                                     | State                | Suburb                                                                     | State                |
| <input type="text"/>                                                       | <input type="text"/> | <input type="text"/>                                                       | <input type="text"/> | <input type="text"/>                                                       | <input type="text"/> |
| Country                                                                    | Postcode             | Country                                                                    | Postcode             | Country                                                                    | Postcode             |
| <input type="text"/>                                                       | <input type="text"/> | <input type="text"/>                                                       | <input type="text"/> | <input type="text"/>                                                       | <input type="text"/> |

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

\*A Customer ID form should be completed for ONE of the Trustees based on the nature of this Trustee. For example, an INDIVIDUAL ID FORM should be completed for a Trustee who is an individual or an AUSTRALIAN COMPANY ID FORM for a Trustee that is an Australian Company.

**1.5 Beneficial Ownership**

Provide the names of the individuals that directly or indirectly control\* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

\* includes control by acting as Trustee; or by means of Trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

**Complete separate individual customer ID Forms for each of these individuals (unless an individual Customer ID Form has already been provided for this individual as a Trustee or the Beneficial Owner of a Trustee that is an entity).**

| Full given name(s)   | Surname              | Role (such as Trustee or Appointer) |
|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                |

**Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.**

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

**SECTION 2: TAX INFORMATION**

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

**2.1 Tax Status**

Tick ☒ **one of the Tax Status boxes below** (if the Trust is a Financial Institution, please provide all the requested information below)

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

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

If the Trust is a Financial Institution but does not have a GIIN, provide its FATCA status (select ☒ **ONE of the following status**)

☐ Deemed Compliant Financial Institution

☐ Excepted Financial Institution

☐ Exempt Beneficial Owner

☐ Non Reporting IGA Financial Institution  
(If the Trust is a Trustee-Documented Trust, provide the Trustee's GIIN)

☐ Nonparticipating Financial Institution

☐ US Financial Institution

☐ Other (describe the Trust's FATCA status in the box provided)

**PLEASE ANSWER THE QUESTION BELOW FOR ALL FINANCIAL INSTITUTIONS**

Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?

Yes ☐ No ☐

If Yes, proceed to section 2.2 (Foreign Controlling Persons). If No, Please go to section 3 to complete the form.

CRS Participating Jurisdictions are on the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction>.

☐ **Australian Registered Charity or Deceased Estate**

If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to section 3 to complete the form.

☐ **A Foreign Charity or an Active Non-Financial Entity (NFE)** (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at [www.oecd.org](http://www.oecd.org).)

If the Trust is a Foreign (non-Australian) Charity or an Active NFE, please proceed to section 2.3 (Country of Tax Residency).

☐ **Other** (Trusts that are not previously listed – Passive Non-Financial Entities)

Please proceed to section 2.2 (Foreign Controlling Persons).

**2.2 Foreign Controlling Persons (Individuals)**

Are any of the Trust's Controlling Persons tax residents of countries other than Australia

Yes ☐ No ☐

If the Trustee is a company, are any of this company's Controlling Persons tax residents of countries other than Australia

Yes ☐ No ☐

\* A Controlling Person is any individual who directly or indirectly exercises control over the Trust. For a Trust, this includes all Trustees, Settlers, Protectors or Beneficiaries. For a Trustee company this includes any beneficial owners controlling more than 25% of the shares in the company or Senior Managing Officials.

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

If Yes to either of the two questions above, please provide the details of these individuals below and complete a separate Individual Identification Form for each Controlling Person (unless already provided as a Beneficial Owner).

| Full given name(s)   | Surname              | Role (such as Trustee or Beneficiary, etc. refer * below) |
|----------------------|----------------------|-----------------------------------------------------------|
| <input type="text"/> | <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 there are more controlling persons, provide details on a separate sheet and tick this box. ☐

Proceed to section 2.3.

**2.3 Country of Tax Residency**

Is the Trust a tax resident of a country other than Australia? Yes ☐ No ☐

If Yes, please provide the Trust's country of tax residence and tax identification number (TIN) or equivalent below. If the Trust is a tax resident of more than one other country, please list all relevant countries below.

If No, please proceed to section 3 to complete the form.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employer Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

|            |  |     |  |                                  |  |
|------------|--|-----|--|----------------------------------|--|
| 1. Country |  | TIN |  | If no TIN, list reason A, B or C |  |
| 2. Country |  | TIN |  | If no TIN, list reason A, B or C |  |
| 3. Country |  | TIN |  | If no TIN, list reason A, B or C |  |

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

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The Trust has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: UNREGULATED TRUST VERIFICATION PROCEDURE****Trust Verification procedure**

Information to be verified: Full name of the Trust and Settlor/s name

| Tick <input checked="" type="checkbox"/> | Verification options (select one or more of the following options used to verify the Trust)                                                                                                                                                                                   |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                 | An original or certified copy of the Trust Deed <b>or if not reasonably available</b> an original or certified extract of the Trust Deed *. Extracts of Trust Deeds must include the name of the Trust, Trustees, Beneficiaries, Settlor/s and Appointers (where applicable). |

\* 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 a customer ID Form has been provided for ONE of the Trustees as per 1.4 AND
- Ensure that individual customer ID Forms have been provided for the Trust's Beneficial Owners as per 1.5 AND
- Either attach a legible certified copy of the documentation used to verify the Trust (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"/> Original <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy |
| Document Issuer                |                                                                           |                                                                           |
| Issue Date                     |                                                                           |                                                                           |
| Expiry 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;
- Customer ID Forms have been provided for one of the Trust's Trustees;
- Individual Customer ID Forms have been provided for all of the Trust's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

|                               |  |                             |  |
|-------------------------------|--|-----------------------------|--|
| AFS Licensee Name             |  | AFSL No.                    |  |
| Representative/ Employee Name |  | Phone No.                   |  |
| Signature                     |  | Date Verification Completed |  |