

Client Services contact details

Phone

Within Australia: 02 8917 0300

Email

enquiries@kaplanfunds.com.au



IDENTIFICATION FORM – TRUSTS AND TRUSTEES

Please complete this form if you have not previously invested in any Kaplan Funds Management fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

1. Please complete this identification form in block letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1. TRUST DETAILS

Full name of trust
[text box]

Business name (if any)
[text box]

Country in which the trust was established
[text box]

Please indicate the source of funds being invested:

- savings,
- investment,
- superannuation contributions,
- commission,
- donation/gift,
- inheritance,
- normal course of business,
- asset sale, **OR**
- other – write the source of funds below:
[text box]

2. TYPE OF TRUST

2.1 Regulated trusts

This includes complying super funds and SMSFs

Super fund - or another type of trust registered and regulated by an Australian Commonwealth statutory regulator

No Yes

If yes, please tell us:

The trust's ABN
[text box]

The regulator if not APRA or the ATO
[text box]

Any licence number
[text box]

Registered managed investment scheme

No Yes

If yes, please tell us the ARSN
[text box]

Government superannuation fund

No Yes

If yes, please tell us the name of the Act that regulates the trust
[text box]

If you answered yes to any of these questions, please provide a certified copy of one of the following:

- super funds**
go to www.abn.business.gov.au, select the "Super Fund Lookup" option and print out the results for your super fund **OR**
- registered managed investment schemes**
an ASIC search of the scheme **OR**
- Government superannuation funds**
an extract of the establishing legislation.

2.2 Non-regulated trusts

Including family discretionary trusts, family and other unit trusts, deceased estates and charitable trusts (but not including self-managed super funds)

Is the trust a non-regulated trust?

No Yes

If yes, please specify the type of trust
[text box]

Please provide full name, address and date of birth of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust and either the date of birth or full residential address of each beneficial owner:

HELP
Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title Full given names
[text box] [text box]

Surname/Company name
[text box]

Date of birth (DD/MM/YYYY)
[DD] / [MM] / [YYYY]

Usual occupation/nature of business
[text box]

Residential address/Registered office address.
A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)
[text box]

Unit Street number
[text box] [text box]

Street name
[text box]

Suburb State
[text box] [text box]

Post code Country
[text box] [text box]

Beneficial owner 2

Title Full given names
[text box] [text box]

Surname/Company name
[text box]

Date of birth (DD/MM/YYYY)
[DD] / [MM] / [YYYY]

Usual occupation/nature of business
[text box]

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Beneficial owner 3

Title

Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/nature of business

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

Beneficial owner 4

Title

Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/nature of business

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb State

Post code

Country

Verification procedure - beneficial owners

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of one document from Group 2, **AND** one document from Group 3 **for each individual applicant.**

Group 1

Provide a certified copy of one of these:

- valid Australian driver's licence**
please copy the front and back. If your licence does not show your current residential address, please attach an additional document such as a utility bill showing your current address. **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages that identify you **OR**
- foreign passport**
showing your signature and photo, and please copy the pages that identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**
showing your date of birth, signature and photo.

If you are unable to provide any of the documents from Group 1, please provide a certified copy of one document from Group 2, **AND** one document from Group 3:

Group 2

- Australian or foreign government issued birth certificate** **OR**
- Australian or foreign government issued citizenship certificate** **OR**
- Centrelink pension or health card**
please copy the front and back.

Group 3

- a Government issued notice**
one that shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**
one that shows your name and residential address, not more than 3 months old **OR**
- ATO notice**
one that shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

- a completed Identification form – Australian & Foreign companies, plus any relevant identification.

Please provide the name of all beneficiaries that are not beneficial owners.

If the trust deed describes the beneficiaries by reference to member of a class please provide details of the class to which the beneficiaries belong e.g. family members, unit holders, un-named charities on a separate sheet and attach to this form.

Beneficiary 1

Title Full given names

Surname

Beneficiary 2

Title Full given names

Surname

Beneficiary 3

Title Full given names

Surname

Beneficiary 4

Title Full given names

Surname

Please provide the name of the **appointor** of the trust, if applicable

HELP
Appointor: the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an appointor.

Name of trust **settlor**

HELP
Settlor: this is the person that creates the trust. The settlor may be, for example, your accountant or solicitor.

Note: you do not need to provide the name of the trust settlor if they are deceased, or the material asset at the time the trust was established was less than \$10,000.

If you are a non-regulated trust, please provide us with certified copies of one of the following:

- Trust deed**
or an extract of the trust deed showing the full name of the trust and any named trust settlor
- Other documentation**
confirming the full name of the trust and the name of the trust settlor

3. TRUSTEE DETAILS

3.1 Verification procedure – individual trustee

Title Full given names

Surname

Date of birth (DD/MM/YYYY)
 / /

Usual occupation

Please provide, for one trustee only, a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2.

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of one document from Group 2, **AND** one document from Group 3 **for each individual applicant**.

Group 1

Provide a certified copy of one of these:

- valid Australian driver's licence**
please copy the front and back. If your licence does not show your current residential address, please attach an additional document such as a utility bill showing your current address. **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages that identify you **OR**
- foreign passport**
showing your signature and photo, and please copy the pages that identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**
showing your date of birth, signature and photo.

If you are unable to provide any of the documents from Group 1, please provide a certified copy of one document from Group 2, **AND** one document from Group 3:

Group 2

- Australian or foreign government issued birth certificate OR**
- Australian or foreign government issued citizenship certificate OR**
- Centrelink pension or health card**
please copy the front and back.

Group 3

- a Government issued notice**
one that shows your name and residential address, not more than 12 months old **OR**
- a rates or utilities notice**
one that shows your name and residential address, not more than 3 months old **OR**
- ATO notice**
one that shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

3.2 Verification procedure – company trustees

3.2.1. General information

Full name of company trustee

ACN

Nature of business

3.2.2. Australian company trustee

Place of business (if different to registered office address).

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country

3.2.3 Foreign company trustee

Country of formation

Registered in Australia?

 No Yes

If yes, please provide the ARBN

Registered in that country?

 No Yes

If yes, please provide the name of regulator/exchange

Identification number issued by foreign registration body

Registered business address in country of formation.

A PO Box/RMB/Locked Bag is not acceptable

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb

State

Post code

Country (if not Australia)

Please provide us with certified copies of one of the following:

 an ASIC or foreign regulator search OR an ASIC or foreign regulator certificate of registration.

3.2.4 Company type

Please complete the section below for public companies (3.2.4 (a)) or private companies (section 3.2.4 (b)) (as applicable).

3.2.4 (a) Public company

Are you a public company?

 No Yes

If yes, please provide us with certified copies of one of the following, if the company is an Australian public company:

 an ASIC search OR your certificate of registration issued by ASIC

3.2.4 (b) Private company

Are you a private company?

 No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director:

Director 1

Title Full given names

Surname

Director 2

Title Full given names

Surname

Director 3

Title Full given names

Surname

Director 4

Title Full given names

Surname

If there are more directors, please provide their name on a separate sheet and attach to this form.

3.2.5 Regulated/listed companies

Are you an Australian listed company?

 No Yes – please provide the name of market/exchange

Market/exchange

Are you a majority-owned subsidiary of an Australian listed company?

No

Company

Market/exchange

Are you a regulated company?

One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No Yes – please provide details of the regulator and licence number

Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of one of the following and sign the form at the end. For you, this form is then complete.

- an ASIC search OR
 a search of the licence or other records of the relevant regulator OR
 a public document issued by the company OR
 a search of the relevant market/exchange

3.2.6 Non-regulated/non-listed companies

If you answered no to all the questions in section 3.2.5, please fill in the sections 3.2.6 (a), (b) and (c) below.

Street name

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 2

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/nature of business

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

3.2.6 (a) Beneficial owner details

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, own 25% or more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

HELP

Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

Usual occupation/nature of business

Residential address/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Suburb

State

Post code

Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

. %

Beneficial owner 3

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

Usual occupation/nature of business

Residential address/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit

Street number

Street name

Suburb State

Post code Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

%

Beneficial owner 4

Title Full given names

Surname/company name

Date of birth (DD/MM/YYYY)
 / /

Usual occupation/nature of business

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

We will assume that you hold the same percentage of the company's issued capital as you do voting rights in the company, unless you specify otherwise:

%

Verification procedure - beneficial owners

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of one document from Group 2, **AND** one document from Group 3 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- valid Australian driver's licence**
please copy the front and back. If your licence does not show your current residential address, please attach an additional document such as a utility bill showing your current address. **OR**
- Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages that identify you **OR**
- foreign passport**
showing your signature and photo, and please copy the pages that identify you **OR**
- Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo **OR**
- foreign Government issued ID card**
showing your date of birth, signature and photo.

If you are unable to provide any of the documents from Group 1, please provide a certified copy of one document from Group 2, **AND** one document from Group 3:

Group 2

- Australian or foreign government issued birth certificate **OR**
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- Centrelink pension or health card
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- a Government issued notice
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- a rates or utilities notice
one that shows your name and residential address, not more than 3 months old **OR**
- ATO notice
one that shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

- a completed Identification form – Australian & Foreign companies, plus any relevant identification.

3.2.6 (b) Voting rights

If there are any other individuals, who have not been listed above in section 3.2.6 (a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please write down their full names on a piece of paper and attach to this form.

3.2.6 (c) Senior Managing Official details

If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent).

Title Full given names/Full company name

Surname

Date of birth (DD/MM/YYYY)
 / /

Company title

Residential address/Registered office address.

A PO Box/RMB/Locked Bag is not acceptable.

Property name/building name (if applicable)

Unit Street number

Street name

Suburb State

Post code Country

HELP

Senior managing official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure – senior managing official details

If you are unable to provide details of beneficial owners in 3.2.6 (a) above, please provide documentation showing the name of the senior managing official, as provided in this section 3.2.6 (c).

4. SIGNATURES

Signing instructions

Individual trustee: where the investment has one individual trustee, the trustee must sign.

Multiple trustees: where the investment has more than one individual trustee, all trustees must sign.

Corporate trustee: where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney: if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of trustee 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of trustee 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory