**IDENTIFICATION FORM**

**AUSTRALIAN REGULATED TRUSTS**

**(Including Self-Managed Super Funds)**

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| ***GUIDE TO COMPLETING THIS FORM***   * *This form is for AUSTRALIAN REGULATED TRUSTS only. Australian Regulated Trusts include self-managed super funds, registered managed investment schemes, unregistered managed investment schemes, government superannuation funds or other Trusts subject to the regulatory oversight of an Australian regulator.* * *For Trusts that are not subject to the oversight an Australian regulator, complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM.* * *Information about the Trust and one Trustee must be provided.* * *Contact Evolution Trustees if you have any queries in relation to the contents of this form.* |

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| **SECTION 1: AUSTRALIAN COMPANY IDENTIFICATION** |
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| **1.1 General Information** |

|  |  |
| --- | --- |
| Full name of Trust |  |
|  |  |
| Country where trust established (only required if not Australia) |  |
|  |  |
| Full business name of trustee in respect of the trust (if any) |  |

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| **Section 1.2: Type of Regulated Trust** |

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| **Tick ** | Select one of the following type of Regulated Trust |
|  | **Self-Managed Superannuation Fund**   |  | | --- | |  |   Provide the SMSF’s ABN |
|  | **Registered managed investment scheme**   |  | | --- | |  |   Provide Australian Registered Scheme Number (ARSN) |
|  | **Unregistered managed investment scheme** (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies)  Provide the unregistered managed investment scheme’s ABN   |  | | --- | |  | |
|  | |  | | --- | |  |   **Government superannuation fund**  Provide name of the legislation establishing the fund |
|  | **Other regulated Trust** (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust or an APRA-regulated superannuation fund)  Provide name of the regulator (e.g. ASIC, APRA, ATO)   |  | | --- | |  |   Provide the Trust’s ABN or registration/licensing details   |  | | --- | |  | |

Other types of Trusts (e.g. family, unit, charitable, estate) or Trusts regulated by a foreign regulatory body should complete the UNREGULATED AUSTRALIAN TRUSTS & FOREIGN TRUSTS IDENTIFICATION FORM, rather than this form.

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| **SECTION 2: TRUSTEE IDENTIFICATION** |
| For Australian Regulated Trusts, identification information is required for one of the Trustees. This information is only required for one Trustee, even if the Trust has a number of Trustees. Please provide identification information for either an individual Trustee (section 2.1) or a corporate Trustee (section 2.2). |
| **Section 2.1: Individual Trustee** (To be completed if the selected Trustee is an individual) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full given name(s) | |  | | Surname | | | | |  | | Date of Birth dd/mm/yyyy | | | |
|  | |  | |  | | | |  | |  | | |
| **Residential Address** (PO Box is NOT acceptable) | | | | | | | | | | | | | |
| Street |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Suburb |  | | State | |  | Postcode |  | Country | | | |  | |
|  | | | | | | | | | | | | | |

OR

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| **Section 2.2: Company Trustee** (To be completed if the selected Trustee is an Australian Company. If the selected Trustee is a foreign company then complete the FOREIGN COMPANY IDENTIFICATION FORM in addition to this form) |

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| **2.2.1 Company Details** |

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| --- | --- |
| Full name as registered by ASIC |  |
|  |  |
| ACN |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Registered office address** (PO Box is NOT acceptable) | | | | | | | |
| Street |  | | | | | | |
|  |  | | | | | | |
| Suburb |  | State |  | Postcode |  | Country |  |
|  | | | | | | | |
| **Principal place of business** (if any) (PO Box is NOT acceptable) | | | | | | | |
| Street |  | | | | | | |
|  |  | | | | | | |
| Suburb |  | State |  | Postcode |  | Country |  |
|  | | | | | | | |
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| **2.2.2 Company Type** (select  only ONE of the following categories) |

**Public** (companies whose name does not include the word Pty or proprietary), *proceed to Section 3*

**Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies), *proceed to 2.2.3*

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| **2.2.3 Directors** (To be completed for proprietary companies, not required for public companies as per 2.2.2) |

Provide the names of all directors.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full given name(s) |  | Surname |
| 1 |  |  |  |
|  |  |  |  |
| 2 |  |  |  |
|  |  |  |  |
| 3 |  |  |  |
|  |  |  |  |
| 4 |  |  |  |

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

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| **SECTION 3: TAX INFORMATION** |
| Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).  Regulated super funds (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or pooled superannuation trusts) are not required to complete section 3 and can proceed to section 4.. |

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| **3.1 Tax Status** |

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| --- | --- | --- |
| 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 statuses)* | | |
|  |  |  |
|  | 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 |  |
|  |  |  |
|  | Other (describe the Trust’s FATCA status in the box provided) |  |
|  |  |  |

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| **SECTION 4: COPIES OF IDENTIFICATION DOCUMENTATION** |
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| *Information to be verified:*   * *Full name of the Trust* * *That the Trust is a Self-Managed super fund; registered managed investment scheme, unregistered managed investment scheme, government superannuation fund or other regulated Trust, as applicable* |

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| **Tick ** | **Documentation options** (select one of the following) |
|  | A copy of a search of the ASIC, ATO or relevant regulator’s website (e.g. “Super Fund Lookup” at www.abn.business.gov.au). |
|  | A copy of an offer document of the managed investments scheme (e.g. a copy of a Product Disclosure Statement) |
|  | A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website |
|  | If the Trust is an Unregistered managed investment scheme (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies):  An original or certified copy of the Trust Deed or if not reasonably available 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). |

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| ***IMPORTANT NOTE:***   ***Attach a legible certified copy of the ID documentation provided per your selection above*** |

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| **SECTION 5: SIGNING AND CONFIRMATION** |

By completing and signing this form I declare or acknowledge that:

* All the information contained in this form and information regarding the account(s) may be provided to the Australian Taxation Office and they may exchange this information with the country or countries that the Account holder is resident for tax purposes.
* All the statements made on this form are to the best of my knowledge and belief correct and complete.
* I undertake to advise the recipient promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide a suitably updated Identification Form within 30 days of such changes in circumstances.
* I am authorised to sign for the Account Holder in respect to all the account(s) to which this form relates.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
|  |  |  |  |
| Position |  | Phone No. |  |
|  |  |  |  |
| Signature |  | Date completed |  |