

Postcode:

Verification of Identity - Trust

TRUST DETAILS			
Full name of trust:			
Full business name (if any) of the trustee in respect to the trust:			
Full address of principal place of business in company's home country (if any):			
	Postcode:		
Type of trust: Please tick applicab			
☐ Individual OR Family ☐ Regulated Trust (SMSF) ☐ Registered managed investment scheme ☐ Government Superfund:			
Other:			
Country in which the trust was established:			
FULL LIST OF TRUSTEES			
	levant Identification form (individual or company) in all cases and complete the relevant verification		
	ensed and subject to Australian regulatory oversight. In addition, all other Trustees must provide their name		
and address unless the Trust is lice	nsed and subject to Australian regulatory oversight.		
Full name of Trustee 1:			
Residential address			
(PO Box is not acceptable):	Postcode:		
Full name of Trustee 2:			
Residential address	Donton do.		
(PO Box is not acceptable):	Postcode:		
Full name of Trustee 3:			
Residential address			
(PO Box is not acceptable):	Postcode:		
If there are more than three Truste	es attach additional page(s).		
BENEFICIARIES OF TRUST			
	ed trust and subject to Australian regulatory oversight)		
_			
if the terms of the Trust identify to	e beneficiaries by reference to membership of a class, provide details:		
Full name of Beneficiary 1:			
Residential address			
(PO Box is not acceptable):	Postcode:		
Full name of Beneficiary 2:			
Residential address			
(PO Box is not acceptable):	Postcode:		
Full name of Beneficiary 3:			
Residential address			

If there are more than three beneficiaries attach additional page(s).

(PO Box is not acceptable):

If a beneficiary listed above resides outside Australia they must complete Verification of Identity for their customer type.

V1.0 26/08/2025 1/2

CUSTOMER 1		CUSTOMER 2	
Name(s):		Name(s):	
Corporate title: (Please indicate - director/secretary/trustee - if applicable)		Corporate title: (Please indicate - director/secretary/trustee - if applicable)	
Signature: Date:		Signature: Date:	
Partner Name:		USE ONLY] Company:	
IDENTIFICATION DOCUMENTS			
The existing customers are only required to provide Identification Documents if the new Ioan security is located in Western Australia, South Australia or if requested. Tick those that have been sighted and attach copies to this form Original trust deed or certified copy or extract of trust deed. A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment) that contains the full name of the trust. A letter from a solicitor or qualified accountant that confirms the name of the trust. An ASIC search to verify the Managed Investment Scheme (MIS) registered with ASIC. Review of Financial Services Guide and Product Disclosure Statement and other public offering documents of the customer to verify that a MIS is not registered with ASIC that only has wholesale customers and does not make small scale offerings. Search of ASIC, ATO or relevant regulators websites.			
DOCUMENT D	ETAILS .		
Document 1:			
Document name:		Date of Issue:	
State/Country of issue:		Document Number:	
Document Expiry Da		ase provide the following additional information	
If the loan security is located in Western Australia or South Australia please provide the following additional information. Location Documents Verified: Date Documents Verified:			
Location Documents	vermed.	/ /	
Document 2:			
Document name:		Date of Issue: / /	
State/Country of issu	ie:	Document Number:	
Document Expiry Da	te:		
If the loan security is located in Western Australia or South Australia please provide the following additional information.			
Location Documents	Verified:	Date Documents / /	

V1.0 26/08/2025 2/2