

### CUSTOMER IDENTIFICATION FORM ASSOCIATIONS

Please note that we CANNOT process your application unless the information requested in this form has been provided.

If you are not an Association, you must download and complete the relevant customer identification form from www.perpetual.com.au/customer-id

Alternatively, to order a form or if you have any questions, phone: Investor Services 1800 022 033 Adviser Services 1800 062 725

## About this customer identification form

This form has been designed to meet Perpetual's obligations under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML Act) to identify our customers.

The AML Act regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

This form also meets our customer identification obligations under the United States (US) Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Additional tax information is available on our website, at www.perpetual.com.au/tax.

#### Privacy

Perpetual is committed to protecting your privacy. By completing this form, you authorise us to collect your personal information. If you are completing this form as an adviser for another person, you confirm that you have provided them with this privacy notification and that they have consented to us collecting their personal information.

We collect, use and disclose your personal information in accordance with our privacy policy, which includes details about how you may request access to and correct the information that we hold about you. Our policy also outlines our privacy complaints process. This policy is publicly available at our website or you can obtain a copy free of charge by contacting us.

#### Checklist

You must complete the following steps to ensure your application is processed:

complete ALL required sections in this customer identification form

provide certified copies of document(s), as requested in this customer identification form, either to us or to your financial adviser

enclose this completed form with your completed investment application form and send to Perpetual.

Please provide your client ID number or account number (if you have one):

# Perpetual

#### CUSTOMER IDENTIFICATION FORM ASSOCIATIONS

- This form is for ASSOCIATIONS.
- Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Association.
- Complete all applicable sections of this form in BLOCK LETTERS.

| Section 1: Association details   |  |  |  |  |  |
|--|--|--|--|--|--|
| 1.1: General information   |  |  |  |  |  |
| full name of Association   |  |  |  |  |  |
| Provide any ID number issued on incorporation<br>(eg. registration / incorporation number) |  |  |  |  |  |
| principal business activity  |  |  |  |  |  |
| Full name of the following (or equivalent in each case):                                   |  |  |  |  |  |
| Chairman / president   |  |  |  |  |  |
| first name(s) of officer<br>(if applicable)  |  |  |  |  |  |
| last name  |  |  |  |  |  |
| Secretary  |  |  |  |  |  |
| first name(s) of officer<br>(if applicable)  |  |  |  |  |  |
| last name  |  |  |  |  |  |
| Treasurer  |  |  |  |  |  |
| first name(s) of officer (if applicable)   |  |  |  |  |  |
| last name  |  |  |  |  |  |
| 1.2: Association type  |  |  |  |  |  |
| Select 🗸 only ONE of the following categories  |  |  |  |  |  |
| Incorporated Association   |  |  |  |  |  |
| Provide any ID number issued on incorporation<br>(eg. registration / incorporation number) |  |  |  |  |  |
| Unincorporated Association   |  |  |  |  |  |

| 1.3: All Associations  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
|--|--------|-------|--------|-------|--------------|---------------|--------|--------|-------|-------|------|--------|--------|-------|--------|-------------|-----------|------------|-------------|---------|
| Select 🗸 only <b>ONE</b> of the following  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association. |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| Principal place of administration address (PO Box is <b>NOT</b> acceptable)  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| street   |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            | Ш           |         |
| suburb (if relevant)<br><b>OR</b> city   |        |       |        | С     |              |               |        |        |       |       |      | E      | E      |       | L      | state       |           | postco     | de          |         |
| country  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            | ш           | ш       |
| If a principal place of administration is provided proceed to section 1.4.   |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| Registered office a  | addre  | ess ( | po e   | Box i | is <b>NC</b> | ) <b>T</b> ad | ccep   | table  | e)    |       |      |        |        |       |        |             |           |            |             |         |
| street   |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| suburb (if relevant)<br><b>OR</b> city   |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        | state       |           | postco     | de          |         |
| country  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
|  |        |       |        |       |              |               |        |        |       |       |      |        | lf     | a re  | giste  | red office  | is provic | led procee | d to sectio | on 1.4. |
| Name & residentia  | al ado | dres  | s of t | the p | oublic       | offic         | cer (c | or pre | eside | nt, s | ecre | tary o | or tre | easur | rer if | there is no | public o  | fficer)    |             |         |
| first name(s)  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            | Ш           |         |
| last name  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| position   |        |       |        | L     |              |               |        |        |       |       |      |        |        |       |        |             |           |            | Ш           |         |
| Address (PO Box is <b>NOT</b> acceptable)  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
| street   |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            | Ш           |         |
| suburb (if relevant)<br><b>OR</b> city   |        |       |        | C     |              |               |        |        |       |       |      |        |        |       |        | state       |           | postco     | de          |         |
| country  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           |            |             |         |
|  |        |       |        |       |              |               |        |        |       |       |      |        |        |       |        |             |           | Procee     | ed to secti | ion 1.4 |

#### **1.4: Beneficial Ownership**

Provide the names of the Individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

| Complete separate Individual customer ID Forms for each of these individuals.   |   |                                      |  |  |  |  |
|---|---|--------------------------------------|--|--|--|--|
| 1. first name(s)  |   |                                      |  |  |  |  |
| last name   |   |                                      |  |  |  |  |
| role (such as Chairman,<br>President etc.)  |   |                                      |  |  |  |  |
| 2. first name(s)  |   |                                      |  |  |  |  |
| last name   |   |                                      |  |  |  |  |
| role (such as Chairman,<br>President etc.)  |   |                                      |  |  |  |  |
| 3. first name(s)  |   |                                      |  |  |  |  |
| last name   |   |                                      |  |  |  |  |
| role (such as Chairman,<br>President etc.)  |   |                                      |  |  |  |  |
| Please Note: Beneficial Owner(s) must be listed ab  | ove and Individual ID Forms completed for all Ber<br>are more Beneficial Owners, provide details on a |                                      |  |  |  |  |
|   | are more Denencial Owners, provide details on a   |                                      |  |  |  |  |
| Section 2: Tax information  |   |                                      |  |  |  |  |
| Collection of tax status in accordance with the Unite<br>Standard (CRS). Tax information requested in this fo   | <b>o</b>  | ,                                    |  |  |  |  |
| Is the Association a tax resident of a country other t<br>(An Association created or established under the law  |   | Yes No                               |  |  |  |  |
| If Yes, please provide the Association's country of ta  |   | equivalent below. If the Association |  |  |  |  |
| is a tax resident of more than one other country, please list all relevant countries below.   |   |                                      |  |  |  |  |
| If No, proceed to section 3.  |   |                                      |  |  |  |  |
| 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 Employee 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  |   |                                      |  |  |  |  |
| <b>Reason A</b> The country of tax residency does not issue TINs to tax residents.  |   |                                      |  |  |  |  |
| Reason B The Association has not been issued with a TIN.  |   |                                      |  |  |  |  |
| <b>Reason C</b> The country of tax residency does not require the TIN to be disclosed.  |   |                                      |  |  |  |  |

#### Section 3: Association identification documents

Complete section 3.1 for Incorporated Associations or section 3.2 for Unincorporated Associations.

- If you are applying directly with Perpetual You will need to provide a certified copy of the document(s) with your application.
- If you are lodging this application through a financial adviser You may provide a certified copy with your application **OR** have your adviser sight an original or certified copy of your document(s) and complete the Adviser Record of Verification section in this form.

#### 3.1: Incorporated Association identification documents

Provide at least **ONE** of the following:

in the case of an incorporated Association a document provided by ASIC or the government responsible for the incorporation of the Association

an original or certified copy of the constitution or rules of the Association

an original or a certified copy of minutes of a meeting of the Association.

#### 3.2: Unincorporated Association identification documents

Provide ONE of the following:

a search of a relevant government or regulator database (such as ABN lookup)

an original, certified copy or certified extract of the Constitution or Rules of the Association\*

an original, certified copy or certified extract of the minutes of a meeting of the Association.\*

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

#### How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 1993.

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public
- An Australian medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- · An Australian federal, state or territory police officer

- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

#### IMPORTANT: Please ensure that you have either

- provided the Individual customer ID Forms for the Association's Beneficial Owners as per 1.4 AND
- attached a legible certified copy of the ID documentation used to verify the Association and selected member (where applicable), including any required translations **OR** complete the Record of Verification Procedure section below, and **DO NOT** attach copies of the ID Documents.

#### Section 4: Record of verification procedure (Adviser use only)

This section is to be used by Advisers (Australian Financial Services (AFS) licensees only) when a record of verification is provided, rather than certified copies of identity documentation.

| ID document details            | Document 1               | Document 2 (if applicable)               |  |  |  |  |
|--------------------------------|--------------------------|--|--|--|--|--|
| verified from                  | performed certified copy | performed certified search original copy |  |  |  |  |
| document issuer / website      |                          |  |  |  |  |  |
| document type                  |                          |  |  |  |  |  |
| issue date / search date       | dd / mm / yyyy           | dd / mm / yyyy                           |  |  |  |  |
| accredited English translation | N/A sighted              | N/A 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;
- individual customer ID Forms have been provided for the Association's Beneficial Owners; AND
- the tax information provided is reasonable considering the documentation provided.

| AFS licensee<br>name              | AFSL number                    |                |
|-----------------------------------|--------------------------------|----------------|
| representative /<br>employee name | phone number                   |                |
| signature                         | date verification<br>completed | dd / mm / yyyy |