



This form is used to identify Australian non-regulated trusts. If you are a regulated trust (e.g. SMSF), registered managed investment scheme or other type of trust please call KeyInvest Ltd (KeyInvest) for instructions.

Individual Trustees

Each individual trustee who is a signatory on the account must complete the identification procedure as detailed in the relevant Product Disclosure Statement and provide the supporting customer identification documentation. Further Individual Identification Forms are available from our website.

Company Trustees

- The Company Identification Form must be completed and submitted with the supporting documentation:
- b) Each signatory for the company must complete an Individual Identification Form and provide supporting customer indentification documentation.

Please complete Section 1 - 7 noting the options below to have your customer identification verified.

Options to have your form verified

- Financial Adviser if you are investing through a Financial ' Adviser your Adviser will accept original or certified copies of customer identification documents OR
- KeyInvest office over the counter verification KeyInvest will accept original or certified copies of customer identification documents OR
- Mailed verification KeyInvest will accept certified copies of customer identification documents.* (*Refer section 9 for Authorised Persons)

1. TRUST DETAILS					
Full Name of Trust					
Full Business Name of the Trustee in respect					
of the Trust (if any)					
Type of Trust Discretionary					
Other - please specify					
2. TRUST BENEFICIARY DETAILS					
Do the terms of the trust identify the beneficiaries by reference to membership of class? Yes, provide details of membership class(es) (eg unit holders, family members or named person, charitable purpose)					
No, please complete details below for each beneficiary of the trust. Number of beneficiaries within the trust.					
First Given Name(s) Surname					







3. TRUSTEE DETAILS						
Number of trustees within the trust.	Provide f	full name of each	ch trustee below.			
Trustee 1						
Surname or Company Name						
Full Given Name						
Residential address if an individual tru	stee or company regi	stered office a	ddress (PO Box is no	t accepta	able)	
Unit No.		Street No.				
Street Name						
Suburb						
State	Postcode		Co	ountry		
Trustee 2						
Surname or Company Name						
Full Given Name						
Residential address if an individual tru	stee or company regi	stered office a	ddress (PO Box is no	t accepta	able)	
Unit No.		Street No.				
Street Name						
Suburb						
State	Postcode		Co	ountry		
Trustee 3						
Surname or Company Name						
Full Given Name						
Residential address if an individual tru	stee or company regi	stered office a	ddress (PO Box is no	t accepta	able)	
Unit No.		Street No.				
Street Name						
Suburb						
State	Postcode		Co	ountry		
Trustee 4						
Surname or Company Name						
Full Given Name						
Residential address if an individual tru	stee or company regi	stered office a	ddress (PO Box is no	t accepta	able)	
Unit No.		Street No.				
Street Name						
Suburb						
State	Postcode		Co	ountry		
				,		







4. BENEFICIAL OWNERSHIP

Provide the names of the individuals that directly or indirectly control* the Trust. If this is confirmed to be the individual identified(s) as trustee previously mentioned, 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

Given Name(s)	Surname	Roll (such as Trustee or Appointer)
FATCA INFORMATION (US	FOREIGN ACCOUNT TAX COMPLIAN	CE ACT)
_	FOREIGN ACCOUNT TAX COMPLIAN	
ATCA Status (select only ONE of	he following categories and provide the inf	
ATCA Status (select only ONE of	he following categories and provide the inf	ormation requested)
ATCA Status (select only ONE of a Australian Registered Charit If the Trust is an Australian Registers	the following categories and provide the info y or Deceased Estate istered Charity or Deaceased Estate section !	ormation requested)
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ATCA Status (select only ONE of a Australian Registered Charit of the Trust is an Australian Registers Others Are any of the Trust beneficiar of the Trust of t	the following categories and provide the info y or Deceased Estate istered Charity or Deaceased Estate section ! es, trustees, settlors or beneficial owners US	ormation requested)







5. FATCA INFORMATION (continued)

Provide the name, address and Australian Taxpayer Identification Number (TIN) of each beneficiary, trustee, settlor or beneficial owner who is a US citizen or resident of the US for tax purposes. Addresses are only required if they have not already been provided in this form. If there are more than 3 US persons, provide the details of the additional US persons on a separate sheet and tick this box

Person 1				
Surname				
Full Given Name				
Street Name				
Suburb				
State		Postcode	Country	
TIN				
Person 2				
Surname				
Full Given Name				
Street Name				
Suburb				
State		Postcode	Country	
TIN				
Person 3				
Person 3 Surname				
Surname				
Surname Full Given Name				
Surname Full Given Name Street Name		Postcode	Country	
Surname Full Given Name Street Name Suburb		Postcode	Country	
Surname Full Given Name Street Name Suburb State		Postcode	Country	
Surname Full Given Name Street Name Suburb State TIN 6. IDENTIFICATION P	ROCEDURES following information:		Country	
Surname Full Given Name Street Name Suburb State TIN 6. IDENTIFICATION P KeyInvest must verify the Full name of the Tri	ROCEDURES control formation: strend;		Country	
Surname Full Given Name Street Name Suburb State TIN 6. IDENTIFICATION P KeyInvest must verify the Full name of the Tru Information about	ROCEDURES following information: ust Fund; the trust's beneficiaries.			
Surname Full Given Name Street Name Suburb State TIN 6. IDENTIFICATION P KeyInvest must verify the Full name of the Tri Information about To verify this information	ROCEDURES If following information: Just Fund; The trust's beneficiaries. You must provide to Ke		ments listed at A or B:	
Surname Full Given Name Street Name Suburb State TIN 6. IDENTIFICATION P KeyInvest must verify the Full name of the Tri Information about To verify this information Please mark 'x' to indice A - Original or ce	ROCEDURES If following information: Instructions that the trust's beneficiaries. If you must provide to Ke that the type of document in the trust of the type of document if the type of certified copies or certified.	eyInvest the following docu nentation that you are pro	ments listed at A or B: viding. showing the name of the Trust, name(s) and a	ddresses of

B - Letter from a solicitor or accountant verifying the name of the trust, name(s) of its beneficiaries/unit holders and / or its class(es)



of beneficiaries.





7. DECLARATION BY APPLICANT

I/We declare that the information in this form including each supporting document:

- · is complete and correct;
- if the declaration is on behalf of the applicant, authority must be provided (ie. Power of Attorney etc.);
- may be used in connection with any products and services I/we hold, apply for, request or obtain; and
- subject to KeyInvest's privacy policy, may be disclosed to and used by KeyInvest to facilitate compliance with the anti-money laundering and counter-terrorist financing legislation.

These declarations are given by the Trustees of the Trust named in section 1 and any signatories signing this form.

Important: By signing on behalf of a Trust you hereby confirm that you have the full authority to do so.

Name					
Signature		Trustee	Other		
Date	D D/M M/YYYY				
Name					
Signature		Trustee	Other		
Date	D D/M M/Y Y Y Y				
8. FINANCIAL ADVISER	USE ONLY				
Customer Identifica	ation Verified				
Customer Identifica	ation Documentation Attached				
By signing this section, I acknowledge and confirm that I have identified the client(s) in accordance with applicable					
'Know Your Customer' red	quirements.	Financial Adviser Stamp:			
Financial Adviser Name:		rinanciai Adviser Stamp.			
Financial Adviser Signature:					







9. AUTHORISED PERSONS THAT CAN CERTIFY IDENTIFICATION DOCUMENTS

Your photocopied identification should be signed as a certified true copy by one of the following:

AUTHORISED PERSONS WHO CAN CERTIFY IDENTIFICATION DOCUMENTS				
A nominated employee of KeyInvest	A registrar or deputy registrar of a court			
An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees (e.g. financial adviser)	An Australian consular officer or an Australian diplomatic officer			
A lawyer	A judge of a court			
A magistrate	A Chief Executive Officer of a Commonwealth court			
A notary public	A Justice of the Peace			
An authorised Australian Post Office permanent employee	An accountant (member of the ICA or CPA)			
An officer with 2 or more continuous years of service with one or more finance institutions	A finance company officer with 2 or more continuous years of service with one or more finance companies			

10. CONTACT US

Street Address: KeyInvest Ltd

Level 5, 49 Gawler Place Adelaide SA 5000

Postal Address: KeyInvest Ltd

PO Box 3340

Rundle Mall SA 5000

Phone: 1300 658 904

Email:info@keyinvest.com.auWeb:www.keyinvest.com.au

Hours of Operation: 8.30am - 5.00pm Adelaide (CST)

