

Customer Identification Form For Partnerships and Partners

ISSUED 07 MAY 2018

To comply with our obligations under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, Pental investors must now complete a Customer Identification Form in addition to the application form.

The foreign tax residency information requested in this form is for the purpose of complying with our obligations under domestic and international laws to identify tax residents of a country or countries other than Australia.

This Customer Identification Form is to be completed for product applications relating to Partnerships and Partners only.

Customer identification forms for other entity types can be obtained by calling us on 1800 813 886 or downloaded from pentalgroup.com/application-customer-identification-forms.

Please follow the instructions provided.

Complete this form using a black pen – print in clear CAPITAL LETTERS.

Read this

Are you lodging your application form through a financial adviser? Please speak to your financial adviser before completing the Customer Identification Form.

Existing investors of Pental may not be required to complete the Customer Identification Form for AML purposes, however you will be required to complete this form to provide us with your foreign tax residency information. To determine if you are required to lodge this form for AML purposes, please call us on 1800 813 886 and provide your Pental account details.

Applications received without a completed Customer Identification Form and any necessary supporting documentation, from investors who are required to be identified for AML purposes, cannot be processed.

For more information call 1800 813 886
or visit pentalgroup.com



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Instructions and checklist for completing this form

WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

A Partnership/Partner investing in a new Pental product.

IMPORTANT INFORMATION FOR INVESTORS

If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.

If you are lodging your product application form as a direct investor (without a financial adviser), please complete Sections 1 and 3 of the Customer Identification Form only, and an individual customer identification form (where required). Attach certified copies of your identification document(s) (where required). If you choose this option, please use the checklist provided below.

If you are an existing investor completing this form to provide us with your foreign tax residency information, you do not need to complete Section 1B or send us any supporting documentation outlined in this form.

CHECKLIST FOR OPTION 1

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the checklist below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This checklist section of this form is provided for your records and is not required by Pental to process your application.

- Complete all applicable fields in Sections 1 and 3 of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to Pental:
 - completed Customer Identification Form
 - certified copies of your identification document(s), and
 - product application form with any applicable documentation.

IMPORTANT INFORMATION FOR FINANCIAL ADVISERS

When using this Customer Identification Form, please complete all required sections.

Under the AML/CTF Act, we are entitled to rely on the customer identification procedures conducted by financial advisers provided that the procedure was carried out in accordance with the requirements of the AML/CTF Act.

If you are a financial adviser who has identified and verified the investor, by completing this Customer Identification Form together with the verification procedure and in consideration of Pental Fund Services Limited (Pental) accepting the investor's application:

- you agree to identify and verify all new investors by using this Customer Identification Form
- you agree to retain a copy of the completed forms and all identification documents received from the investor in the investor's file for seven (7) years after the end of your relationship with the investor
- you agree to advise Pental in writing when your relationship with the investor is terminated and agree to promptly provide Pental all identification documents and/or the record of identification received from the investor at this time, or as otherwise requested from Pental, from time to time.

FOREIGN TAX RESIDENCY REPORTING OBLIGATIONS

We are required to identify tax residents of a country or countries other than Australia in order to meet account information reporting requirements under domestic and international laws.

If at any time after account opening, information in our possession suggests that the Partnership and/or any individual who holds ownership and/or control in the Partnership of 25% or more (Controlling Person) may be a tax resident of a country or countries other than Australia, you may be contacted to provide further information on the foreign tax residency status of the Partnership and/or any Controlling Person(s). Failure to respond may lead to certain reporting requirements applying to the account.

By completing this form you certify that at any time there is a change to the foreign tax residency status details of the Partnership and/or any Controlling Person(s), you will inform us. You also certify that if at any time there is a change of a Controlling Person(s) you will inform us.

A Controlling Person refers to the individual(s) that directly or indirectly own a legal interest in the Partnership of 25% or more and/or exercises actual effective control over the Partnership, whether from an economic or other perspective such as through voting rights. Where no individuals are identified as exercising control of the Partnership through ownership interests, the Controlling Person of the Partnership is deemed to be the individual(s) who hold the position of senior managing official.



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HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace). Sample wording is provided below.

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

WHO CAN CERTIFY COPIES OF DOCUMENTS

Legal	<ul style="list-style-type: none">• a solicitor or barrister (that is, a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described))• a judge of a court• a magistrate• a chief executive officer of a Commonwealth court• a registrar or deputy registrar of a court• a notary public
JP	<ul style="list-style-type: none">• a Justice of the Peace
Police	<ul style="list-style-type: none">• a police officer
Accountant	<ul style="list-style-type: none">• a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	<ul style="list-style-type: none">• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public• a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
Diplomatic service	<ul style="list-style-type: none">• an Australian consular officer• an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985)
Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none">• an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)• a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)• an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.



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SECTION 1: PARTNERSHIP INFORMATION**INSTRUCTIONS**

Complete all applicable sections on this form using **black pen** – print in clear **CAPITAL LETTERS**.

SECTION 1A: PARTNERSHIP DETAILS**1.1 GENERAL INFORMATION**

Full name of Partnership

Registered Business name of Partnership (if any)

Country where Partnership established

Source of funds – only provide options from the list below (must complete for new investors only)

Salary/Wages, Commission, Bonus, Business Income/Earnings, Business Profits, Investment Income/Earnings, Rental Income, Superannuation/Pension, Loan, Insurance Payment, Compensation Payment, Government benefits, Sale of assets, Liquidation of assets, Redundancy, Inheritance, Gift/Donation, Windfall, Tax refund, Additional sources (must outline the source)

Source of wealth – only provide options from the list below (must complete for new investors only)

Employment income/earnings, Redundancy, Business income/earnings, Business profits, Investment Income/earnings, Rental Income, Superannuation/Pension, Insurance Payment, Compensation Payment, Government benefits, Owns real estate/property, Sale of assets, Liquidation of assets, Inheritance, Gift/Donation, Windfall, Additional Source (must outline the source)

1.2 FOREIGN TAX RESIDENCY INFORMATION

Is the Partnership a tax resident of any country outside of Australia?

No	Go to Section 1.3
Yes	List all of the countries outside of Australia in which the Partnership is a resident for tax purposes and the Tax Identification Number (TIN)* for each below:

1 COUNTRY OF TAX RESIDENCY 1

Country of Tax Residency 1

Tax Identification Number (TIN) 1

OR

reason why TIN is not applicable (select ONE option only):

Foreign TIN not issued by this country

Foreign TIN pending issue by this country's tax authority

2 COUNTRY OF TAX RESIDENCY 2

Country of Tax Residency 2

Tax Identification Number (TIN) 2

OR

reason why TIN is not applicable (select ONE option only):

Foreign TIN not issued by this country

Foreign TIN pending issue by this country's tax authority

If there are more than two countries outside Australia in which the Partnership is a resident for tax purposes, please photocopy this section to provide these details.

*A foreign TIN is an identifying number or equivalent issued by the Partnership's country of tax residency that is used for tax purposes.



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1.3 TYPE OF PARTNERSHIP

Select [**x**] only one of the following Partnership types and provide the information requested.

Is the Partnership regulated by a professional association?

Yes	Provide name of Association <input type="text"/>
	Provide membership details <input type="text"/>
No	How many Partners are there? <input type="text"/>

1.4 BENEFICIAL OWNERSHIP

Are there any individuals who ultimately own 25% or more of the Partnership, or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the Partnership, including power of veto?

Yes	Go to Section 1.4A
No	Go to Section 1.4B

1.4A BENEFICIAL OWNERS

Provide the names of the individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

NOTE: All Individuals listed below are required to complete an Individual Customer Identification Form. Refer to Section 1C.

1 BENEFICIAL OWNER 1

Full given name(s) <input type="text"/>	Surname <input type="text"/>
Role <input type="text"/>	

2 BENEFICIAL OWNER 2

Full given name(s) <input type="text"/>	Surname <input type="text"/>
Role <input type="text"/>	

3 BENEFICIAL OWNER 3

Full given name(s) <input type="text"/>	Surname <input type="text"/>
Role <input type="text"/>	

4 BENEFICIAL OWNER 4

Full given name(s) <input type="text"/>	Surname <input type="text"/>
Role <input type="text"/>	

Go to Section 1.5



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1.4B CONTROLLING PARTIES

If there are no individuals who meet the requirement of 1.4A, provide the names of the individuals who directly or indirectly control* the Partnership.

*Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices. If no such person can be identified then the most senior managing official/s of the Partnership (such as the Managing Partner or Senior Managing Official).

NOTE: All Individuals listed below are required to complete an Individual Customer Identification Form. Refer to Section 1C.

1 CONTROLLING PARTIES 1

Full given name(s)

Surname

Role

2 CONTROLLING PARTIES 2

Full given name(s)

Surname

Role

3 CONTROLLING PARTIES 3

Full given name(s)

Surname

Role

4 CONTROLLING PARTIES 4

Full given name(s)

Surname

Role

Go to Section 1.5

1.5 PARTNER INFORMATION

NOTE: The individuals listed under 1.5A and 1.5B below are required to complete an Individual Customer Identification Form, unless the Individual has already provided a Customer Identification Form under 1.4. Refer to Section 1C.

1.5A PARTNERSHIP DETAILS – ALL PARTNERSHIPS

To be completed for one signing Partner.

Full given name(s)

Surname

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

Date of Birth (dd/mm/yyyy)



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1.5B PARTNERSHIP DETAILS – PARTNERSHIPS NOT REGULATED BY A PROFESSIONAL ASSOCIATION

If the Partnership is not regulated by a professional association, provide the names and addresses of all other Partners.

NOTE: All Individuals listed below are required to complete an Individual Customer Identification Form. Refer to Section 1C.

1 PARTNER 1

Full given name(s)	Surname		
<input type="text"/>	<input type="text"/>		
Residential Address			
<input type="text"/>			
	STATE	POSTCODE	COUNTRY

2 PARTNER 2

Full given name(s)	Surname		
<input type="text"/>	<input type="text"/>		
Residential Address			
<input type="text"/>			
	STATE	POSTCODE	COUNTRY

3 PARTNER 3

Full given name(s)	Surname		
<input type="text"/>	<input type="text"/>		
Residential Address			
<input type="text"/>			
	STATE	POSTCODE	COUNTRY

4 PARTNER 4

Full given name(s)	Surname		
<input type="text"/>	<input type="text"/>		
Residential Address			
<input type="text"/>			
	STATE	POSTCODE	COUNTRY

If there are more Partners, provide details on a separate sheet.

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

- Complete the choices below to tell us what document(s) you are sending us, or search you wish us to conduct to verify the Partnership’s identity.
- Contact us if you are unable to provide the required document(s) or the relevant search will not allow us to verify the Partnership’s identity.
- If instructed to provide certified copies of documents, please refer to the ‘How to certify your documents’ section for information on how to do this.

PART A – ACCEPTABLE ID DOCUMENTS TO VERIFY PARTNERSHIP NAME

Cross x	Select ONE of the following options
	An original, a certified copy or certified extract of the Partnership agreement.
	A certified copy or a certified extract of minutes of a Partnership meeting.
	An original current membership certificate (or equivalent) of a professional association.
	Membership details independently sourced from the relevant professional association.

Section continued on next page



	A search of the relevant ASIC or other regulator's database (Pendal to perform for direct customers).
	A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment. Block out the TFN before scanning, copying or storing this document.
	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART B – ACCEPTABLE ID DOCUMENTS

Cross x	Select ONE of the following options
	An original current membership certificate (or equivalent).
	Membership details independently sourced from the relevant association.

Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

SECTION 1C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE

Each Individual specified in Section 1.4 and/or 1.5A is required to complete an Individual Customer Identification Form available from pendalgroup.com/application-customer-identification-forms

SECTION 2: FINANCIAL ADVISER USE ONLY

OPTION 1

Financial advisers can complete Sections 2A and 2B as outlined below. Please ensure that you indicate which document(s) you have sighted as set out in Section 1B of this form. Enclose the completed verification procedure with your client's product application form and mail to us. **This is our preferred method.**

OR

OPTION 2

Financial advisers can complete Section 2B and send Pendal copies of the documents received from the investor with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 1B of this form.

SECTION 2A: VERIFICATION REQUIREMENTS FOR PARTNERSHIPS

Verify the following:

- All Partnerships
 - full name of the Partnership
- Partnerships that are members of a professional association
 - membership of the professional association

ID Document Details

	Performed search	Original	Certified copy
Verified from	<input type="text"/>		
Document issuer/Website			
Issue date (dd/mm/yyyy)			
Search date (dd/mm/yyyy)	<input type="text"/>		
Accredited English translation	n/a	Sighted	

By completing this section you are agreeing to be bound by the terms and conditions set out on page 2 of this form.

SECTION 2B: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)	Financial Adviser's name	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Phone number	AFS Licensee name	AFSL number
<input type="text"/>	<input type="text"/>	<input type="text"/>

By completing this section you are agreeing to be bound by the terms and conditions set out on page 2 of this form.

