

Regnan Global Equity Impact Solutions Fund Investors
Customer Identification Form

For Trusts and Trustees

ISSUED 4 DECEMBER 2020

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

This Customer Identification Form is only to be completed by Trusts and Trustees that are applying to invest in the Regnan Global Equity Impact Solutions Fund.

Customer identification forms for other entity types can be obtained from pendalgroup.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. 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 visit pendalgroup.com

Instructions and checklist for completing this form

WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

A Trust /Trustee investing in the Regnan Global Equity Impact Solutions Fund.

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 Section 1 and either Section 3 and 4 (if applicable) of the Customer Identification Form only, and attach certified copies of your identification document(s) where required. If you choose this option, please use the checklist provided below.

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 Pendal to process your application.

- Complete all applicable fields in Section 1 and either Section 3 and 4 (if applicable) of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to Pendal:
 - ☐ completed Customer Identification Form
 - ☐ completed CRS/FATCA self-certification form(s)
 - ☐ 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:

- Sections 1 and 2 and
- Sections 3 and 4 (if applicable), or
- Individual Customer Identification Form/s or Australian and Foreign Company Customer Identification Form/s if applicable.

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 Pendal Fund Services Limited (Pendal) 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 Pendal in writing when your relationship with the investor is terminated and agree to promptly provide Pendal all identification documents and/or the record of identification received from the investor at this time, or as otherwise requested from Pendal, from time to time.

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.

SECTION 1: ALL TRUSTS

SECTION 1A: TRUST DETAILS

1.1 GENERAL INFORMATION

Full name of Trust

Full business name (if any)

Country where Trust established

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

Commission, Bonus, Business Income/Earnings, Business Profits, Investment Income/Earnings, Corporate investments earnings, Rental Income, Superannuation/Pension, Loan, Insurance Payment, Compensation Payment, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Tax refund, Additional sources (must outline the source)

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

Business income/earnings, Business profits, Investment Income/earnings, Corporate Investment/Earnings, Rental Income, Insurance Payment, Compensation Payment, Owns real estate/property, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Additional Source (must outline the source)

1.2 TYPE OF TRUST

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

<input type="checkbox"/> Regulated managed investment scheme	Provide Australian Registered Scheme Number (ARSN)	<input type="text"/>	Go to Section 1B
<input type="checkbox"/> Regulated trust (e.g. an SMSF)	Provide name of the regulator (e.g. ASIC, APRA, ATO)	<input type="text"/>	Go to Section 1B
	Provide the Trust's ABN or registration/licensing details	<input type="text"/>	
<input type="checkbox"/> Government superannuation fund	Provide name of the legislation establishing the fund	<input type="text"/>	Go to Section 1B
<input type="checkbox"/> Other trust type	Provide Trust description (e.g. Family, unit, charitable, estate)	<input type="text"/>	Complete Sections 1.3, 1.4, 1.5 and 1.6 (if applicable)

1.3 SETTLOR OF TRUST – FOR 'OTHER TRUST TYPES' ONLY

Full name of settlor(s)*

*Settlor of the Trust could be an individual or an organisation (e.g. Law Firm or Accountancy) that has created the Trust by settling a sum of money or item of property on a Trust for the benefit of the beneficiaries.

Section continued on next page

1.4 BENEFICIARY DETAILS FOR 'OTHER TRUST TYPE' ONLY

Do not complete if the Trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund.

Does the Trust deed name the beneficiaries?

<input type="checkbox"/> Yes	How many beneficiaries are there? <input type="text"/>	Provide the full name of each beneficiary below.
	Full given name(s)	Surname
	1 <input type="text"/>	<input type="text"/>
	2 <input type="text"/>	<input type="text"/>
	3 <input type="text"/>	<input type="text"/>
	4 <input type="text"/>	<input type="text"/>
	If there are more beneficiaries, provide details on a separate sheet.	
<input type="checkbox"/> No	Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)	
	<input type="text"/>	
	<input type="text"/>	

1.5 TRUSTEE DETAILS FOR 'OTHER TRUST TYPE' ONLY

Do not complete if the Trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund.

How many Trustees are there? Provide the full name of each Trustee below.

NOTE: All Trustees listed below are required to complete a Customer Identification Form based on the nature of the Trustee. For example, an Individual Customer Identification Form should be completed for each Trustee who is an Individual or an Australian and Foreign Company Customer Identification Form for a Trustee that is an Australian Company. These forms are available from pendalgroup.com/application-customer-identification-forms.

1 TRUSTEE 1

Full given name(s) or company name	Surname	
<input type="text"/>	<input type="text"/>	
Alternate name(s) (if any)		
<input type="text"/>		
Residential address if an individual Trustee or company registered office address (PO Box is not acceptable)		
<input type="text"/>		
STATE	POSTCODE	COUNTRY

2 TRUSTEE 2

Full given name(s) or company name	Surname	
<input type="text"/>	<input type="text"/>	
Alternate name(s) (if any)		
<input type="text"/>		
Residential address if an individual Trustee or company registered office address (PO Box is not acceptable)		
<input type="text"/>		
STATE	POSTCODE	COUNTRY

Section continued on next page

3 TRUSTEE 3

Full given name(s) or company name

Surname

Alternate name(s) (if any)

Residential address if an individual Trustee or company registered office address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

4 TRUSTEE 4

Full given name(s) or company name

Surname

Alternate name(s) (if any)

Residential address if an individual Trustee or company registered office address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

If there are more Trustees, provide details on a separate sheet. Go to Section 1.6

1.6 CONTROLLING PARTIES

In addition to Section 1.5, provide the details of any Individuals who are acting in the capacity of a Controlling Party.

A Controlling Party is any individual who has ownership (directly or indirectly) or has control (directly or indirectly) of the Trust. Control includes the capacity to influence the way in which the Trust conducts its affairs, including by having the ability to determine decisions about the Trust's financial and operating policies.

NOTE: Each of these individuals are required to complete an Individual Customer Identification Form available from pendalgroup.com/application-customer-identification-forms.

1 CONTROLLING PARTY 1

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Role

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

Section continued on next page

2 CONTROLLING PARTY 2

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Role

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

3 CONTROLLING PARTY 3

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Role

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

4 CONTROLLING PARTY 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Role

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

Form continued on next page

SECTION 1B: VERIFICATION PROCEDURE FOR TRUSTS

- Select ONE of the following options used to verify the Trust (Note –option selected MUST confirm the settlor of Trust name for Trusts other than Testamentary Trusts).
- Contact us if you are unable to provide the required documents.
- 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 DOCUMENT

For a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund as selected in Section 1.2.

Cross x	Select ONE of the following options used to verify the Trust
<input type="checkbox"/>	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website
<input type="checkbox"/>	Perform a search of the ASIC, ATO or relevant regulator’s website (Pendal to perform for direct customers)

PART B – ALTERNATIVE ACCEPTABLE DOCUMENT

For ‘Other trust type’ as selected in Section 1.2.

Cross x	Select ONE of the following options used to verify the Trust
<input type="checkbox"/>	A certified copy of 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.
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name and existence of the Trust and the settlor of Trust full name – must be an original letter
<input type="checkbox"/>	A certified copy or certified extract of the Trust deed showing the full name of the Trust, deed issuer, issue date and settlor of the Trust full name.

OR

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

SECTION 1C: TRUSTEES AND CONTROLLING PARTIES FOR ‘OTHER TRUST TYPE’ ONLY VERIFICATION PROCEDURE

NOTE: All Trustees specified in Section 1.5 are required to complete a Customer Identification Form based on the nature of the Trustee. For example, an individual Customer Identification Form should be completed for each Trustee that is an Australian Company. These forms are available from pendalgroup.com/application-customer-identification-forms.

NOTE: All individuals specified in Section 1.6 are required to complete an Individual Customer Identification Form available from pendalgroup.com/application-customer-identification-forms.

Standard Trust and Trustees identification Form now complete

For a regulated trust (e.g. SMSF), registered managed investment scheme, or government superannuation fund, as selected in Section 1.2, go to Section 3.

SECTION 2: FINANCIAL ADVISER USE ONLY

OPTION 1

Financial advisers can complete Sections 2B and 2C as outlined below. Please ensure that you indicate which document(s) you have sighted or which search was performed as set out in Section 1B or Section 2B 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 2C and send us 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 TRUSTS

Verify the following:

Registered managed investment scheme, regulated trust or government superannuation fund

- full name of the Trust
- verify that the Trust is a registered managed investment scheme, regulated trust or government superannuation fund, as applicable

Other trusts

- full name of the Trust
- settlor of Trust full name
- verify the identity of the Trustee.

SECTION 2B: RECORD OF VERIFICATION PROCEDURE

ID Document Details

Verified from

☐ Performed search ☐ Original ☐ Certified copy

Document issuer/Website

Issue date (dd/mm/yyyy)

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Search date (dd/mm/yyyy)

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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 2C: FINANCIAL ADVISER DETAILS

Date verified (dd/mm/yyyy)

		/			/				
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Financial Adviser's name

Phone number

AFS Licensee name

AFSL number

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

SECTION 3: ADDITIONAL INFORMATION FOR REGULATED TRUSTS

SECTION 3A: ADDITIONAL INFORMATION ABOUT ONE OF THE TRUSTEES

Complete the applicable parts of only one of the following sections, as required, to collect the additional information about the identity of only one of the Trustees where the selected Trustee is:

- an individual – Section 4
- an Australian company – Section 5
- a foreign company – complete an Australian and Foreign Companies Customer Identification Form available from pandalgroup.com/application-customer-identification-forms.

- an individual – Section 4
- an Australian company – Section 5
- a foreign company – complete an Australian and Foreign Companies Customer Identification Form available from pendalgroup.com/application-customer-identification-forms.

SECTION 4: INDIVIDUAL TRUSTEE

SECTION 4A: INDIVIDUAL DETAILS

To be completed if selected Trustee is an Individual.

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COUNTRY	
STATE	POSTCODE

POSTCODE

COUNTRY

SECTION 5: AUSTRALIAN COMPANY TRUSTEE

SECTION 5A: AUSTRALIAN COMPANY DETAILS

To be completed if selected Trustee is an Australian Company.

5.1: GENERAL INFORMATION

[illegible]

	STATE	POSTCODE	COUNTRY

COUNTRY

[illegible]

COUNTRY

5.2 REGULATORY / LISTING DETAILS

Select [x] the following categories which apply to the Company and provide the information requested

<input type="checkbox"/> Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)	Regulator name	<input type="text"/>
	Licence details	<input type="text"/>
<input type="checkbox"/> Australian listed company	Name of market/exchange	<input type="text"/>
<input type="checkbox"/> Majority-owned subsidiary of an Australian listed company	Australian listed company name	<input type="text"/>
	Name of market/exchange	<input type="text"/>

5.3 COMPANY TYPE

Select [x] only **one** of the following categories and provide any information requested

<input type="checkbox"/> Public	If the Trust is a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund, this form is now complete.
<input type="checkbox"/> Private/Proprietary	Go to Section 5.4 below.

5.4 DIRECTORS

- To be completed for proprietary companies.
- This section does not need to be completed for public and listed companies.

How many directors are there?	<input type="text"/>	Provide the full name of each director below.
	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
If there are more directors, provide details on a separate sheet.		

For Australian Company Trustees, this form is now complete.