

Investor Identification Forms

In 2006 the Federal Government enacted the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF). The purpose of this legislation is to enable Australia's financial sector to maintain international business relationships, detect and prevent money laundering and terrorism financing by meeting the needs of law enforcement agencies and to bring Australia in line with international standards.

Why does this legislation affect Pelathon Funds Management?

As Pelathon Funds Management is the responsible entity for investment products, we have to meet stringent investor identification and verification requirements. This means that prior to units in any Pelathon Funds Management managed fund being issued, we must be 'reasonably satisfied' that investors are who they claim to be.

What do you need to do?

If you invest in the Fund through a financial adviser or an IDPS facility then they will request and collect any verification materials. If you are investing directly, you need to complete the identification form which relates to the type of entity making the investment:

Type of Entity Investing	Forms to be completed	Pages
Individual/Joint Investors (each applicant must complete a form)	Individuals/Joint Investors/Individual Trustees/Joint Trustees/Partners	v-vi
Australian Companies	Australian Companies	vii-viii
Trusts, Trustees and Self Managed Super Funds	Superannuation Funds/Trusts	ix-xiv

Not on the list?

If you are investing via a type of entity not listed above, please telephone Pelathon Funds Management on 02 9098 9100 to discuss which form is appropriate for your needs.

We may request additional information from you where we reasonably consider it necessary to satisfy our obligations under the AML/CTF Act, and applications will not be processed until the necessary information is provided.

Who is allowed to certify AML/CTF Identification documents?

- A Justice of the Peace
- A member of the Institution of Chartered Accountants Australia, CPA Australia or the National Institute of Accountants
- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described)
- A judge of a court or magistrate
- A permanent employee of Australia Post employed in an office supplying postal services to the public with five years continuous service
- A full time teacher at a school or tertiary institution
- A police officer
- A person who, under a law in force in a State or Territory, is currently licensed or registered to practice one of the following occupations: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist, Psychologist, Veterinary surgeon
- An officer with, or authorised representative of, a holder of an Australian financial services license, having two or more continuous years of service with one or more licensees
- Any other persons mentioned in Part 1 and Part 2 of the Statutory Declarations Regulations 1993 – Schedule 2

Identification Form 1: Individuals and Sole Traders

Guide to completing this form

- Complete one form for each individual nominated on your application form. Complete all applicable sections of this form in BLOCK LETTERS.
- Contact Pelathon Funds Management on 02 9098 9100 if you have any queries.

Section 1A. Personal Details/Individual 1			
Surname		Date of birth (day/month/year)	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Full given name(s)			
<input type="text"/>			
Residential/street address (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complete this part if individual is a sole trader			
Full Business name (if any)		ABN (if any)	
<input type="text"/>		<input type="text"/>	
Principal place of business (if any) (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 1A. Personal Details/Individual 2			
Surname		Date of birth (day/month/year)	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Full given name(s)			
<input type="text"/>			
Residential/street address (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complete this part if individual is a sole trader			
Full Business name (if any)		ABN (if any)	
<input type="text"/>		<input type="text"/>	
Principal place of business (if any) (PO Box is NOT acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Go to Section 2)			

IDENTIFICATION FORM 1 (CONTINUED)

Section 2. Identification Documents (Certified copies to be provided)

Please complete Part I (if you do not own a document from Part I, the complete Part II or III).

Contact Pelathon Funds Management on 02 9098 9100 if you are unable to provide the required documents.

Part I – Acceptable primary ID documents

Tick Select ONE valid option from this section only

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable secondary ID documents – *should only be completed if you do not own a document from Part I*

Tick Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

Tick AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

Part III – Acceptable foreign ID documents – *should only be completed if you do not own a document from Part I*

Tick BOTH documents from this section must be presented

- Foreign driver's license that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

IMPORTANT:

Please attach a certified, legible copy of the ID documentation you are relying upon to confirm your identity (and any required translation).

IDENTIFICATION FORM 2 (CONTINUED)

1.5 Shareholders (only needs to be completed for companies that are not regulated companies as selected in Section 1.2)

Provide details of ALL individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

Please supply certified copies of the identification documents listed on page vi for each beneficial owner who is an individual.

Shareholder 1

Surname	Date of birth (day/month/year)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Full given name(s)

Residential/street address (POBox is NOT acceptable)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Shareholder 2

Surname	Date of birth (day/month/year)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Full given name(s)

Residential/street address (POBox is NOT acceptable)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Shareholder 3

Surname	Date of birth (day/month/year)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Full given name(s)

Residential/street address (POBox is NOT acceptable)

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification Form 3: Trusts, Trustees and SMSFs

Guide to completing this forms

Complete the following in BLOCK LETTERS.

- Section 1 (all parts) – all trusts.
- AND select and complete one of the following sections for ONLY ONE of the trustees:
 - Section 2 (applicable parts) – selected trustee is an individual.
 - Section 3 (applicable parts) – selected trustee is an Australian Company.

Only send the completed sections of this form with the application form.

Contact Pelathon Funds Management on 02 9098 9100 if you have any queries.

Section 1A. Trust Details

1.1 General Information

Full name of trust

Full business name (if any)

Country where trust established

1.2 Type of Trust (select only ONE of the following trust types and provide the information requested)

Registered managed investment scheme
 Provide Australian Registered Scheme Number (ARSN) (Go to Section 1B)

Regulated trust (e.g. an SMSF)
 Provide name of the regulator (e.g. ASIC, APRA, ATO)
 Provide the trust's ABN or registration/licensing details (Go to Section 1B)

Government superannuation fund
 Provide name of the legislation establishing the fund (Go to Section 1B)

Other trust type
 Trust description (e.g. Family, unit, charitable, estate) (Complete Section 1.3 and 1.4)

If other trust type, full name of settlor of the trust (unless the material asset contribution to the trust by the settlor at the time the trust is established is less than \$10,000 or the settlor is deceased).

1.3 Beneficiary Details (only complete if "Other trust type" is selected in Section 1.2 above)

Do the terms of the trust identify the beneficiaries by reference to membership of a class?
 Yes
 Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)
 (Go to Section 1.4)

No How many beneficiaries are there?

Provide full name of each beneficiary below

	Full given name	Surname
1	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
2	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
3	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
4	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

If there are more beneficiaries, provide details on a separate sheet

IDENTIFICATION FORM 3 (CONTINUED)

1.4 Trustee Details (only complete if "Other trust type" is selected in Section 1.2 above)

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 full name and address of each trustee below

Trustee 1

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Trustee 2

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Trustee 3

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Trustee 4

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Trustee 5

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Trustee 6

Full given name(s) or Company name Surname

Residential/street address if an individual trustee or company registered office address (PO Box is NOT acceptable)

Suburb State Postcode Country

Section 1B. Trust Identification Documents (Certified copied to be provided)

For a registered managed investment scheme, regulated trust (e.g. SMSF) or government superannuation fund (as selected in 1.2 above) AND if the Trust has an Australian Business Number (ABN):

No Trust documentation is required

If “other trust” (as selected in 1.2 above) OR the Trust does not have an Australian Business Number (ABN):

Tick Acceptable Documents

A certified copy of the Trust Deed

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

IMPORTANT:

Please attach a certified, legible copy of the ID documentation, used to verify the Trust.

Complete **ONLY ONE** of the following sections, as required, to collect the additional information about the identity of **ONLY ONE** of the trustees:

Section 2 (applicable parts) – where the selected trustee is an individual.

Section 3 (applicable parts) – where the selected trustee is an Australian Company.

Section 2A. Individual Details (to be completed if selected trustee is an individual)

Surname														Date of birth (day/month/year)			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														/	/	<input type="text"/> <input type="text"/> <input type="text"/>	
Full given name(s)																	
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Residential/street address (PO Box is NOT acceptable) Only provide address details if not provided in Section 1.4 above.																	
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Suburb					State		Postcode			Country							
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IDENTIFICATION FORM 3 (CONTINUED)

Section 2B. Individual Trustee Identification Documents (Certified copies to be provided)

Complete Part I (or if the trustee does not own a document from Part I, then complete either Part II or III).

Part I – Acceptable primary ID documents

Tick Select ONE valid option from this section only

- Australian State/Territory driver's license containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable secondary ID documents

– should only be completed if the individual does not own a document from Part I

Tick Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

Tick AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).

Part III – Acceptable foreign ID documents

– should only be completed if the individual does not own a document from Part I

Tick BOTH documents from this section must be presented

- Foreign driver's license that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

IMPORTANT:

Please attach a certified, legible copies of the ID documentation used to verify the individual trustee (and any required translation).
If the selected trustee is an individual, the form is now COMPLETE.

