

IDENTIFICATION FORM 3:
TRUSTS, TRUSTEES & SMSFs



GUIDE TO COMPLETING THIS FORM

- Complete the following in **BLOCK LETTERS**:
 - ☐ Section 1 (all parts) – all trusts (including SMSFs).
- 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 GDA Securities Limited on (03) 6234 4413 if you have any queries.

SECTION 1A: TRUST DETAILS

1.1 General Information

Full name of trust	<input type="text"/>
Full business name (if any)	<input type="text"/>
Country where trust established	<input type="text"/>

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

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

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?

<input type="checkbox"/> Yes	Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)	<input type="text"/> (Go to Section 1.4)
<input type="checkbox"/> No	How many beneficiaries are there?	<input type="text"/> provide 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"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

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

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, SMSF, regulated trust or government superannuation fund.**How many trustees are there? provide full name & address of each trustee below**Trustee 1**

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

Trustee 2

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

Trustee 3

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

Trustee 4

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

Trustee 5

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

Trustee 6

Full given name(s) or Company name	Surname			
<input type="text"/>	<input type="text"/>			
Residential address if an individual trustee or company registered office address (PO Box is NOT acceptable)				
Street	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/> Country <input type="text"/>

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

SECTION 1B: TRUST IDENTIFICATION DOCUMENTS (certified copies to be approved)

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

Tick ✓	Acceptable Documents (both of the following are required to verify the Trust)
<input type="checkbox"/>	An original certified copy of an extract of the Trust Deed showing the Trust's name.
<input type="checkbox"/>	An original certified copy of a document that indicates that the trust is a registered scheme or only has Wholesale Clients and does not make small scale offerings or is a government superannuation fund established by legislation or is registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relation to its activities as a trust'.

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

Tick ✓	Acceptable Documents (use one of the following to verify the Unincorporated Association)
<input type="checkbox"/>	A certified copy or certified extract of the Trust Deed.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment).
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust.

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)

Full Given Name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (PO Box is NOT acceptable)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		

SECTION 2B: INDIVIDUAL TRUSTEE IDENTIFICATION DOCUMENTS (certified copies to be approved)

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 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 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 licence that contains a photograph of the person in whose name it 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 **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.

SECTION 3A: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)
3.1 General Information

Full name as registered by ASIC

ACN

Registered office address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

3.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the trustee company and provide the information requested)

☐ **Regulated company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

☐ **Australian listed company**

Name of market / exchange

☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

3.3 Company Type (select ✓ only ONE of the following categories)

☐ **Public** *If the trust is a registered managed investment scheme, SMSF, regulated trust or government superannuation fund, the form is now **COMPLETE**.*
If 'Other trust type' is selected in Section 1.2 above, complete Sections 3B and 3C below.

☐ **Proprietary** *Continue to Section 3.4.*

3.4 Directors (only needs to be completed for proprietary companies)

This section does NOT need to be completed for public and listed companies.

How many beneficiaries are there? provide 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 directors, provide details on a separate sheet.

If the company is a regulated company (as selected in Section 3.2 above) AND the trust type selected in Section 1.2 above is:

- **a registered managed investment scheme, SMSF, regulated trust, or government superannuation fund, the form is now COMPLETE.**

Otherwise, continue to Section 3.5 below.

3.5 Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 3.2)

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

Shareholder 1

Full given name(s)					Surname		
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

Shareholder 2

Full given name(s)					Surname		
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

Shareholder 3

Full given name(s)					Surname		
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

Shareholder 4

Full given name(s)					Surname		
Residential address (PO Box is NOT acceptable)							
Street							
Suburb		State		Postcode		Country	

SECTION 3B: Identification Documents (certified copies to be provided)
ACCEPTABLE ID DOCUMENTATION:

<input checked="" type="checkbox"/>	Document from this section must be presented.
<input type="checkbox"/>	Certificate of the registration of the company as issued by ASIC