

CUSTOMER IDENTIFICATION FORM REGISTERED CO-OPERATIVE

Please note that we **CANNOT** process your application unless the information requested in this form has been provided.

If you are not a Registered Co-operative, you must download and complete the relevant customer identification form from www.perpetual.com.au/customer-id

Alternatively, to order a form or if you have any questions, phone:
Investor Services 1800 022 033
Adviser Services 1800 062 725

About this customer identification form

This form has been designed to meet Perpetual's obligations under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML Act) to identify our customers.

The AML Act regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

This form also meets our customer identification obligations under the United States (US) Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Additional tax information is available on our website at www.perpetual.com.au/tax.

Privacy

Perpetual is committed to protecting your privacy.

By completing this form, you authorise us to collect your personal information. If you are completing this form as an adviser for another person, you confirm that you have provided them with this privacy notification and that they have consented to us collecting their personal information.

We collect, use and disclose your personal information in accordance with our privacy policy, which includes details about how you may request access to and correct the information that we hold about you. Our policy also outlines our privacy complaints process. This policy is publicly available at our website or you can obtain a copy free of charge by contacting us.

Checklist

You must complete the following steps to ensure your application is processed:

- complete **ALL** required sections in this customer identification form
- provide certified copies of document(s), as requested in this customer identification form, either to us or to your financial adviser
- enclose this completed form with your completed investment application form and send to Perpetual.

Please provide your client ID number or account number (if you have one): _____



CUSTOMER IDENTIFICATION FORM REGISTERED CO-OPERATIVE

- This form is for REGISTERED CO-OPERATIVES.
- Provide details for the registered co-operatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Registered Co-operative.
- Complete all applicable sections of this form in BLOCK LETTERS.

Section 1: Registered Co-operative details

1.1: General information

full name of Registered Co-operative

provide ID number issued by relevant
registration body (if any)

principal business activity

Full name of the following (or equivalent in each case):

Chairman/president

first name(s)

last name

Secretary

first name(s)

last name

Treasurer

first name(s)

last name

1.2: Address information

Select and provide **ONE** of the following

Provide the address of the principle place of administration of the Registered Co-operative. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Registered Co-operative.

<input type="checkbox"/>	Principal place of operations address (PO Box is NOT acceptable)
street	<input type="text"/>
suburb (if relevant) OR city	<input type="text"/> state <input type="text"/> postcode <input type="text"/>
country	<input type="text"/>
<input type="checkbox"/>	Registered office address (PO Box is NOT acceptable)
street	<input type="text"/>
suburb (if relevant) OR city	<input type="text"/> state <input type="text"/> postcode <input type="text"/>
country	<input type="text"/>
<input type="checkbox"/>	Name and residential address of the company secretary (or chairman/president, treasurer or equivalent officer if there is no Co-operative's secretary)
first name(s) of officer	<input type="text"/>
last name	<input type="text"/>
position	<input type="text"/>
Address (PO Box is NOT acceptable)	
street	<input type="text"/>
suburb (if relevant) OR city	<input type="text"/> state <input type="text"/> postcode <input type="text"/>
country	<input type="text"/>

1.3: Beneficial Ownership

Provide the names of the Individuals that directly or indirectly control the registered Co-operative, such as the Chairman, President, Treasurer or Secretary.

Complete separate Individual customer ID Forms for each of these individuals.

1.	first name(s)	<input type="text"/>
	last name	<input type="text"/>
	role (such as Chairman, President etc.)	<input type="text"/>
2.	first name(s)	<input type="text"/>
	last name	<input type="text"/>
	role (such as Chairman, President etc.)	<input type="text"/>
3.	first name(s)	<input type="text"/>
	last name	<input type="text"/>
	role (such as Chairman, President etc.)	<input type="text"/>

Please Note: Beneficial Owner(s) must be listed above and Individual ID Forms completed for all Beneficial Owners.
 If there are more Beneficial Owners, provide details on a separate sheet and tick this box

Section 2: Tax information

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Tax information requested in this form is explained on our website at www.perpetual.com.au/tax.

Is the Registered Co-operative a tax resident of a country other than Australia? Yes No
 (A Registered Co-operative created or established under the laws of a country other than Australia)

If Yes, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below.
 If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

If there are more countries, provide details on a separate sheet and tick this box

- Reason A** The country of tax residency does not issue TINs to tax residents
- Reason B** The Registered Co-operative has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 1993.

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

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

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public
- An Australian medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- An Australian federal, state or territory police officer
- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- provided the Individual customer ID Forms for the registered Cooperative's Beneficial Owners as per 1.3 **AND**
- attached a legible certified copy of the ID documentation used to verify the registered co-operative (and any required translation) **OR** complete the Record of Verification Procedure section below, and **DO NOT** attach copies of the ID Documents.

Section 3: Record of verification procedure (Adviser use only)

This section is to be used by Advisers (Australian Financial Services (AFS) licensees only) when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1	Document 2 (if applicable)
verified from	<input type="checkbox"/> performed search <input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> performed search <input type="checkbox"/> original <input type="checkbox"/> certified copy
document issuer / website	<input type="text"/>	<input type="text"/>
public document type	<input type="text"/>	<input type="text"/>
issue date / search date	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="dd / mm / yyyy"/>
accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the registered cooperative's Beneficial Owners.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative / employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text" value="dd / mm / yyyy"/>