

Identification Form – Non-individuals

May 2024

OnePath Funds Management Limited (OnePath Funds Management)

ABN 21 003 002 800 AFSL 238342

Zurich Australia Limited

ABN 92 000 010 195 AFSL 2325100

Customer Services for Super & Investment

Phone 133 665

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Phone 133 667

Email insuranceprivacy@onepath.com.au

Website onepath.com.au

This form is applicable for the following products. Please tick the product in which you are invested:

- OneAnswer Frontier Investment Portfolio
- OneAnswer Investment Portfolio (Entry or Nil Entry Fee)
- OneAnswer Investment Portfolio //Select
- OnePath Wholesale Investment Trusts
- OnePath DIY Super (Entry or Nil Entry Fee)
- OnePath Investment Savings Bond (Entry or Nil Entry Fee)
- ANZ Investment Bond

Instructions

- **Please complete section 1 (to be completed for all non-individual investors).**
 - Section 1.1 – for financial institutions FATCA or CRS status
 - Section 1.2 – for other entity account holders including non-financial entities (NFE)
- **Complete one of the following sections: (please tick one box only)**
 - Section 2 – for companies
 - Section 3 – for trusts, including superannuation funds
 - Section 4 – for partnerships
 - Section 5 – for associations
 - Section 6 – for government bodies
 - Section 7 – for registered co-operatives
- Please attach your completed form to your Application Form and forward to:
OnePath Funds Management Limited GPO Box 5306 Sydney NSW 2001

1. Investor details

Type of investor

- | | | | |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Company | <input type="checkbox"/> Trust | <input type="checkbox"/> Superannuation fund | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Association | <input type="checkbox"/> Government body | <input type="checkbox"/> Registered co-operative | |

Full name of organisation

Trading name (if any)

Registered address – PO Box address is **not** acceptable (**not** applicable to registered schemes, regulated trusts or government super funds).

Street

Suburb/Town

State

Postcode

Country

Provide full name and residential address (a PO Box is not acceptable) or date of birth of all individuals who are beneficial owners through shareholdings of 25% or more of the company's issued capital.

1. Investor details (continued)

Beneficial ownership

To be completed for all companies that are not publicly listed on an ANZ approved stock exchange (includes a majority owned subsidiary of an Australian listed public company), Associations, Trusts, Partnerships and Registered co-operative.

Beneficial owners

Provide the details of any individual who ultimately owns 25% or more of the company's issued share capital (directly or indirectly).

Where there are no such individuals, or there is doubt as to whether the individuals exercise control through their ownership, provide the details of any individuals who exercise control (directly or indirectly) through:

- The ultimate authority to make financial and operating decisions on a day-to-day basis; or
- Voting rights of 25% or more; or
- Authority to control the decisions and operations of the company through a power of veto.

An individual will have control if they hold the relevant rights or powers directly, or indirectly through a chain of ownership or by means of trusts, agreements, arrangements, understanding and practices.

Full name	Date of Birth (dd/mm/yyyy)	Residential Address

Please provide a certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body.

Please provide certified identification for each Beneficial Owner. Refer to section 9 for identification requirements.

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

If there are more than 4 Beneficial Owners/Controlling Persons, please provide details on a separate sheet and tick this box

If Beneficial Owner details are provided above, the Senior Managing Official section does not need to be completed.

Senior Managing Official

If a beneficial owner could not be determined, provide the details of an individual who makes or participates in key business decisions for the Company or can significantly affect the financial standing of the Company (e.g. CEO, CFO, COO, President, Treasurer, Managing Director).

Full name		Date of Birth (dd/mm/yyyy)	
Residential Address			

Please provide certified identification for the above Senior Managing Official. Refer to section 9 for identification requirements.

Is Entity a Financial Institution for FATCA and CRS purposes? Yes No

If **Yes** – Section 1.1 is required to be completed in addition to your relevant entity (refer section 2 – section 7)

If **No** – Section 1.2 is required to be completed in addition to your relevant entity (refer section 2 – section 7)

Section 1.1: Financial Institutions – FATCA/CRS status

If the Entity is a Depository Institution, Investment Entity, Specified Insurance Company or other Financial Institution, please provide the Entity's Global Intermediary Identification Number (GIIN), if applicable:

GIIN:

If the Entity does not have a GIIN, please select your FATCA Foreign Financial Institution (FFI) status classification from the following:

Deemed-Compliant Financial Institution:

Non-reporting IGA Financial Institution:

If the Entity is a Trustee-Documented Trust, Trustee's GIIN to be provided (**mandatory**):

GIIN:

Exempt Beneficial Owner:

Excepted Financial Institution:

Non-participating Financial Institution:

US Financial Institution:

Other – describe FATCA status:

1. Investor details (continued)

Financial Institutions – Non-Participating CRS jurisdiction

Please answer the question below for all financial institutions

Is the Financial Institution an Investment Entity located in a Non-participating CRS jurisdiction and managed by another Financial Institution?

Yes No

If **'Yes'**, please ensure Tax Residency details are completed in relation to Beneficial Owners/Senior Managing Official/Beneficiaries/Trustees/Settlers/Partners etc in the respective sections below

CRS participating jurisdictions are on the OECD website at www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction

Section 1.2: Other Entity Account Holders including Non-Financial Entities (NFE)

Select only **one** from the list below:

- Publicly Traded NFE
- Related Entity of Publicly Traded NFE
- Government Entity
- Entity wholly owned by a Government Entity
- Self-Managed Super Fund
- Deceased Estate*
- Other Active NFE**
- Passive NFE***

* For a Testamentary trust please do not select this option.

** For definition and different type of Active NFE, please refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org

*** If entity earns at least 50% of its total income as passive income (for example: rent, interest or dividends); or at least 50% of the Entity Account Holder's assets produce or are held for producing investment income.

If entity is categorised as Passive NFE or investment entity in a non-participating CRS jurisdiction and managed by another Financial Institution, please ensure Tax Residency details are completed in relation to Beneficial Owners/Senior Managing Official/Beneficiaries/Trustees/Settlers/Partners etc in the respective sections below.

2. Company details

Company type

Select one valid option from this section only (please tick box)

- Australian company
- Foreign company registered with ASIC
- Foreign unregistered

ACN - -

ARBN - -

Company ID number

Country of formation
(if foreign company)

Tax Residency Details

Please complete the following information in relation to the Account Holder. If the Company is Publicly listed, please complete the section on the Senior Managing Official on page 5.

Is the company a tax resident of Australia? Yes No

Is the company a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If entity is categorised as Passive NFE, please ensure Tax Residency details are completed in relation to Beneficial Owners/Senior Managing Official/Director.

Beneficial ownership

To be completed if the company is trustee of a trust or where a company has answered Yes to the question relating to the total income/assets.

Beneficial owners

Provide the details of any individual who ultimately owns 25% or more of the company's issued share capital (directly or indirectly).

Where there are no such individuals, or there is doubt as to whether the individuals exercise control through their ownership, provide the details of any individuals who exercise control (directly or indirectly) through:

- The ultimate authority to make financial and operating decisions on a day-to-day basis; or
- Voting rights of 25% or more; or
- Authority to control the decisions and operations of the company through a power of veto.

An individual will have control if they hold the relevant rights or powers directly, or indirectly through a chain of ownership or by means of trusts, agreements, arrangements, understanding and practices.

2. Company details (continued)

Beneficial Owner 1

Full name	Date of Birth (dd/mm/yyyy)	Residential Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Beneficial Owner a tax resident of Australia? Yes No

Is the Beneficial Owner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Beneficial Owner 2

Full name	Date of Birth (dd/mm/yyyy)	Residential Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the Beneficial Owner a tax resident of Australia? Yes No

Is the Beneficial Owner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

2. Company details (continued)

Beneficial Owner 3

Full name Date of Birth (dd/mm/yyyy) Residential Address

Is the Beneficial Owner a tax resident of Australia? Yes No

Is the Beneficial Owner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Beneficial Owner 4

Full name Date of Birth (dd/mm/yyyy) Residential Address

Is the Beneficial Owner a tax resident of Australia? Yes No

Is the Beneficial Owner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If there are more Beneficial Owners, please complete individual self-certification for each additional Beneficial Owner and tick the box here

Please provide certified identification for each Beneficial Owner. Refer to section 9 for identification requirements.

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

If Beneficial Owner details are provided above, Senior Managing Official section does not need to be completed.

2. Company details (continued)

Senior Managing Official

If a beneficial owner could not be determined, provide the details of an individual who makes or participates in key business decisions for the Company or can significantly affect the financial standing of the Company (e.g. CEO, CFO, COO, President, Treasurer, Managing Director).

Full name Date of Birth (dd/mm/yyyy)
 Residential Address

Is the Senior Managing Official a tax resident of Australia? Yes No

Is the Senior Managing Official a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Please provide certified identification for the above Senior Managing Official. Refer to section 9 for identification requirements.

Select and provide details for one of the following options only (please tick relevant box). Provide full address (a PO Box is **not** acceptable).

Principle place of business in Australia

OR

Local agent name and address details

Street

Suburb/Town State Postcode

Country

Name of local agent in Australia

Is the company regulated? Yes No

If Yes, regulator name

Licence details

Is the company listed? Yes No

If Yes, name of relevant market/exchange

Is the company majority-owned subsidiary of an Australian-listed company? Yes No

If Yes, Australian-listed company name

Name of market/exchange

Is the company:..... Public or Private/Proprietary

If Private/Proprietary:

How many directors are there?

2. Company details (continued)

If Beneficial Owners are not determined and the company is a Passive NFE, please complete the individual self-certification for each director.

Provide full name of each director, and for one director only, also provide additional details as below.

Director 1

Full name

Date of Birth (dd/mm/yyyy)

Residential address* (this cannot be a PO Box)

Suburb/Town*

State*

Postcode*

Country*

Occupation (If you are fully retired from the workforce please write 'retired')

Primary Citizenship

Secondary Citizenship (complete if you have dual citizenship)

Director 2

Full name

Director 3

Full name

Director 4

Full name

If there are more Directors, please complete individual self-certification for each additional Director and tick the box here

If the company is a foreign company unregistered in Australia, please provide certified identification for one director. Refer to section 9 for identification requirements.

3. Trust details

Country where Trust was established

Type of Trust

Select and provide details for one of the following options only:

- Registered scheme (complete section 3.1 and 3.6)
- Self-managed superannuation fund (complete section 3.2 and 3.6)
- Government superannuation fund (complete section 3.3 and 3.6)
- Other regulated trusts (complete section 3.4 and 3.6)

Unregulated trusts e.g. family, unit charitable, estate (complete section 3.5 and 3.6)

For unregulated trusts only, please provide one of the following to verify the trust type (please tick box):

- A notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment)
- A letter from a solicitor or qualified accountant that confirms the name of the trust
- A certified copy or certified extract of the trust deed.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

Please go to section 2 if trustee is a Corporate Entity.

3. Trust details (continued)

3.1 Registered scheme

ARSN

- -

Is the Registered scheme a tax resident of Australia? Yes No

Is the Registered scheme a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Please provide certified identification for the above Registered scheme. Refer to section 9 for identification requirements.

3.2 Self-managed superannuation fund

ABN

- -

3.3 Government Superannuation fund

Name of legislation established under

3.4 Other regulated trusts

Name of Regulator (e.g. ASIC, APRA, ATO)

Trust's ABN or registration licensing details

Is Other regulated trust a tax resident of Australia? Yes No

Is the Other regulated trusts a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Please provide certified identification for the above Registered scheme. Refer to section 9 for identification requirements.

3.5 Unregulated trust

Settlor of Trust

Tax Residency Details

Please complete the following information in relation to the Trust. If the Trust has indicated its type is Government Superannuation Fund please skip this question.

Is the Unregulated trust a tax resident of Australia? Yes No

Is the Unregulated trust a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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3. Trust details (continued)

3.6 Beneficiary and Trustee Details (including the Settlor of Trust)

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes, please provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose).

No. How many beneficiaries are there?

If the Trust is categorised as Passive NFE, please ensure Tax Residency details are completed in relation to Beneficiaries/Trustees/Settlor/Appointer/Protector.

Beneficiary 1

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Beneficiary a tax resident of Australia? Yes No

Is the Beneficiary a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

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Beneficiary 2

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Beneficiary a tax resident of Australia? Yes No

Is the Beneficiary a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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3. Trust details (continued)

Beneficiary 3

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Beneficiary a tax resident of Australia? Yes No

Is the Beneficiary a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Beneficiary 4

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Beneficiary a tax resident of Australia? Yes No

Is the Beneficiary a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

3. Trust details (continued)

How many trustees are there?

Provide full name and residential address (if individual trustee) or company registered address (if company). Please note that a PO Box is **not** acceptable.

Trustee 1

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Note: If trustee is an individual, provide certified identification for the above trustee (refer to section 9 – Individual Know Your Customer Identification Requirements).

Is the Trustee a tax resident of Australia? Yes No

Is the Trustee a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Trustee 2

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Note: If trustee is an individual, provide certified identification for the above trustee (refer to section 9 – Individual Know Your Customer Identification Requirements).

Is the Trustee a tax resident of Australia? Yes No

Is the Trustee a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

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C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

3. Trust details (continued)

Trustee 3

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Note: If trustee is an individual, provide certified identification for the above trustee (refer to section 9 – Individual Know Your Customer Identification Requirements).

Is the Trustee a tax resident of Australia? Yes No

Is the Trustee a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Trustee 4

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Note: If trustee is an individual, provide certified identification for the above trustee (refer to section 9 – Individual Know Your Customer Identification Requirements).

Is the Trustee a tax resident of Australia? Yes No

Is the Trustee a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Settlor/Appointer/Protector (NOTE: This section is to be filled in ONLY if Settlor/Appointer/Protector is a tax resident outside Australia)

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Note: If a Settlor/Appointer/Protector is an individual, please provide certified identification (refer to section 9 – Individual Know Your Customer Identification Requirements).

Is the Settlor/Appointer/Protector a tax resident of Australia? Yes No

Is the Settlor/Appointer/Protector a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

^Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

NOTE: If there are more than one Settlor/Appointer/Protector who are tax resident outside Australia, please provide their name, address, DOB and tax residency information on a separate sheet of paper. Also provide certified identification (refer to section 9 – Individual Know Your Customer Identification Requirements).

4. Partnership details

Country where partnership was established

Tax Residency Details

Please complete the following information in relation to the Partnership.

Is the Partnership a tax resident of Australia? Yes No

Is the Partnership a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

^Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Does this Partnership earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Partnership assets produce or are held for producing investments income.Yes No

Is the partnership regulated by a professional association?Yes No

4.1 If Yes, regulated by a professional association

Provide name of association

Provide membership details

Provide full name and residential address of **one** partner below (a PO Box is **not** acceptable).

Full name

Street

Suburb/Town State Postcode

Country

4. Partnership details (continued)

If the Partnership is categorised as Passive NFE and regulated by a professional association, please ensure Tax Residency details are completed in relation to Partners (those are Controlling Persons).

4.2 If No, NOT regulated by a professional association

How many partners are there?

Provide full name and residential address for each partner (a PO Box is not acceptable).

Partner 1

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Partner a tax resident of Australia? Yes No

Is the Partner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Partner 2

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Partner a tax resident of Australia? Yes No

Is the Partner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

4. Partnership details (continued)

4.2 If No, NOT regulated by a professional association (continued)

Partner 3

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Partner a tax resident of Australia? Yes No

Is the Partner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Partner 4

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy) (if Individual)

Is the Partner a tax resident of Australia? Yes No

Is the Partner a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If there are more partners, please complete individual self-certification for each additional partner and tick the box here

4. Partnership details (continued)

4.3 Acceptable identification documents

Complete Part I for all partnerships.

Complete Part II if the partnership is regulated by a professional association.

Part I

Please provide one of the following to verify the partnership name: (please tick box)

- 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.
- A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment.
- A certified copy of a certificate of registration of business name issued by a government agency of Australia.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

Part II

Please provide one of the following to verify membership of a professional association: (please tick box)

- An original current membership certificate (or equivalent).
- Membership details independently sourced from the relevant association.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

Provide certified identification for one of the partners (refer to section 9 – Individual Know Your Customer Identification Requirements).

5. Association details

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

Chairman	
Secretary	
Treasurer	

Tax Residency Details

Please complete the following information in relation to the Association.

Is the Association a tax resident of Australia? Yes No

Is the Association a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

5. Association details (continued)

5.2 Type of association

- Incorporated (go to section 5.3)
- Unincorporated (go to section 5.4)

5.3 Incorporated association

ID number issued on incorporation

Provide full name and residential address of the public officer below (or chairman, secretary or treasurer if there is no public officer). Please note that a PO Box is not acceptable.

Full name

Street

Suburb/Town State Postcode

Country

Please provide a certified copy of the Constitution or Rules of the association. Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

If the Incorporated association is a Passive NFE, please complete the following:

Is the Public Officer a Controlling Person? Yes No

* Controlling Person: A natural person who meet the AML/KYC threshold for ultimate beneficial ownership. If no natural person meets the threshold, the Controlling Person will be the person who hold the position of senior managing official for the entity or equivalent.

If Yes, Is the Public Officer a tax resident of Australia? Yes No

Is the Public Officer a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

B – TIN Not Required (the country does not require collection of a TIN)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If there are more controlling persons, please complete individual self-certification for each additional controlling person and tick the box here

5. Association details (continued)

5.4 Unincorporated association

Please provide a certified copy of the Constitution or Rules of the association.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

Provide full name and residential address (a PO Box is **not** acceptable) of the member who is signing on behalf of the Association below.

Full name

Street

Suburb/Town State Postcode

Country

Date of birth (dd/mm/yyyy)

If the Unincorporated association is a Passive NFE, please complete the following:

Is the Member a Controlling Person? Yes No

* Controlling Person: A natural person who meet the AML/KYC threshold for ultimate beneficial ownership. If no natural person meets the threshold, the Controlling Person will be the person who hold the position of senior managing official for the entity or equivalent.

If Yes, Is the Member a tax resident of Australia? Yes No

Is the Member a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If there are more controlling persons, please complete individual self-certification for each additional controlling person and tick the box here

Provide certified identification for the above person nominated in section 5.3 or 5.4 and tick this box
(refer to section 9 – Individual Know Your Customer Identification Requirements).

6. Government body details

Type of government body

Select only one of the following categories and provide the information requested (please tick box)

Commonwealth of Australia government body

Australian State or Territory government body

Please specify State or Territory

Name of Australian Government
the Government Body is established under

Foreign country government body

Please specify foreign country

7. Registered co-operative details

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

Chairman	<input type="text"/>
Secretary	<input type="text"/>
Treasurer	<input type="text"/>
ID number issued by relevant registration body (if any)	<input type="text"/>
Name of State, Territory or Overseas registering body	<input type="text"/>
Country of registration	<input type="text"/>

Please provide a certified copy of the Constitution or Rules of the Registered Co-operative.

Documents that are written in a language that is not English must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters.

Tax Residency Details

Please complete the following information in relation to the Registered Co-operative.

Is the Registered co-operative a tax resident of Australia? Yes No

Is the Registered co-operative a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Controlling Person/s

If the Registered Co-operative is a Passive NFE, please complete the following:

Is the Controlling Person a tax resident of Australia? Yes No

Is the Controlling Person a tax resident of any other country? Yes No

If you answered 'yes' above, please complete the below tax residency information:

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code [^] (If TIN not provided)	Explanation (If Reason Code is Z)
<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"/>

[^]Reason Codes:

A – TIN Not Issued (the country does not issue TINs)

B – TIN Not Required (the country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

If there are more controlling persons, please complete individual self-certification for each additional controlling person and tick the box here

8. Declaration and signature

By completing the application, I/we:

- consent to the collection, use, storage and disclosure of my/our personal information (including health and other sensitive information) as described in the privacy policy. OnePath Custodian's Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy and Zurich's privacy policy is available at onepath.com.au/about-us/privacy-policy.
- if I/we have provided information about another person in this application (for example a beneficiary or life insured), I/we declare that I/we have the consent of that person to do so. I/We understand that OnePath Custodians and Zurich requires me/us to inform the person concerned that I/we have done so and direct them to the Privacy Policy so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by OnePath Custodians and Zurich. I/We acknowledge that Zurich and OnePath Custodians are not related bodies corporate.
- declare that I/we have obtained the necessary consent and authorisation to allow disclosure and use of the Tax Residency Details provided in this form
- will notify OnePath Funds Management/Zurich Australia Limited within 30 days of any change to the Tax Residency details or Tax Residency status of the account holder(s) or any controlling persons. (This could include but is not limited to changes to your TIN, primary nature of business or tax classification).

Name of Investor 1/Director/Trustee	<input type="text"/>
Signature of Investor 1/ Director/Trustee (sign clearly within the box)	<input type="text" value="X"/> Date (dd/mm/yyyy) <input type="text"/>
Name of Investor 2/ Director/Company Secretary/Trustee	<input type="text"/>
Signature of Investor 2/ Director/Company Secretary/Trustee (sign clearly within the box)	<input type="text" value="X"/> Date (dd/mm/yyyy) <input type="text"/>

If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney with this form.

In the case of company signatories, two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary.

For partnerships, please ensure all partners sign.



9. Individual Know Your Customer Identification Requirements

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* requires us to identify you and verify your identity when you purchase units in any of the investment funds offered through OneAnswer Investment Portfolio.

Individuals not using the services of an adviser – send in original certified copies* (not original documents) of the following:

- One or more primary photographic identification documents, **or**
- Two secondary identification documents.

Please note: We cannot accept certified copies by fax or email. Please see below for more details regarding certified copies.

Primary photographic identification document

One of:

- Australian State/Territory photographic driver's licence or learner's permit
- Australian passport (current or one that has expired within the past two years)
- Foreign Passport*
- Australian State/Territory Government issued Proof of Age Card
- Foreign government-issued National Identification Card*
- Australian Firearms/Shooting Licence
- Australian Explosives Licence

or

Secondary identification document

Maximum of ONE of each Document type:

- Birth certificate, birth card, birth extract issued by an Australian state or territory, or foreign government*
- Australian Medicare card
- Foreign driver's licence*
- Australian or Foreign citizenship certificate*
- Australian Government card or notice issued by Centrelink to concession holder. Includes any ONE of: DHS Commonwealth Seniors Health Card or Health Care Card, DHS or DVA Pensioner Concession card, Benefits Notice (less than 12 months old)
- Australian ImmiCard: Includes any ONE of: Evidence of Immigration Status (EIS) ImmiCard, Permanent Resident Evidence (PRE) ImmiCard, Residence Determination ImmiCard (RDI)
- Australian School attendance letter/notice issued by principal to person under 18, recording residential address and period of attendance (less than 3 months old)
- Australian Tax Office (ATO) assessment notice (less than 12 months old) with name, residential address and recording debt payable by/refund due to the person
- Notice issued by an approved Australian aged care facility (less than 12 months old) with name and residential address
- Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address

* If the identification document is written in a language other than English, the customer must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

9. Individual Know Your Customer Identification Requirements –(continued)

Certified Copies

Certified copies of documents for verification purposes is acceptable provided that they have been certified by persons authorised to certify documents. In all cases, the certification must not have taken place more than 3 months prior to when the identification and verification procedure is being undertaken.

The following is a list of persons authorised to certify a copy:

Certifier	Position Held in Australia	Position Held Overseas
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)	✓	
Judge of a court	✓	
Magistrate	✓	
Chief executive officer of a Commonwealth court	✓	
Registrar or deputy registrar of a court	✓	
Justice of the Peace	✓	
Notary Public	✓	✓
Police Officer	✓	
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public	✓	
Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office providing postal services to the public	✓	
Australian consular officer or an Australian diplomatic officer (within the meaning of the <i>Consular Fees Act 1955</i>)	✓	✓
Officer with 2 or more continuous years' service with one or more Australian financial institutions (for the purposes of the <i>Statutory Declaration Regulations 2018</i>) or overseas financial institutions with which ANZ has an existing correspondent banking relationship	✓	✓
Finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 2018</i>)	✓	
Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees	✓	
Member of Chartered Accountants in Australia and New Zealand, CPA Australia or the Institute of Public Accountants	✓	
Pharmacist	✓	
Employee of the Australian Trade and Investment Commission who is: <ul style="list-style-type: none"> a. In a country or place outside Australia; and b. Authorised under paragraph 3(d) of the <i>Consular Fees Act 1955</i>; and c. Exercising his or her function in that place 		✓
A person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents		✓

Note: The person who is authorised to certify documents must make sure all pages have been certified as true copies by writing or stamping 'certified true copy' followed by their signature, printed name, contact details, qualification (e.g. Justice of the Peace, Australia Post employee, etc.) and date.