

# Application Form

## Investment Savings Bond

27 February 2012

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

347 Kent Street, Sydney NSW 2000

### Customer Services

**Phone** 133 665

**Fax** 02 9234 6668

**Email** customer@onepath.com.au

**Website** onepath.com.au

The invitation to invest in Investment Savings Bond is only available to persons receiving the PDS in Australia. It is not made directly or indirectly to persons in any other country.

Have you attached any **special instructions** to this Application Form? ☐ Yes ☐ No (or see page 7)

### 1. Do you have an existing investment in Investment Savings Bond? ☐ Yes ☐ No

If this is an additional investment to an existing Investment Savings Bond account, please quote your policy number (if a policy number is not nominated, a new account will be opened).

Existing policy number  
(if applicable)

           

### 2. Fee structure

Please select (X) one of the following fee structures:

☐ Entry Fee option

☐ Nil Entry Fee option

### 3. Policy owner details – please print

#### Policy owner 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other <input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>					
Residential address (this cannot be a PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Postal address (if different from above)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Phone	Home <input type="text"/>	Business	<input type="text"/>			
	Mobile <input type="text"/>	Fax	<input type="text"/>			
Email	<input type="text"/>					

Policy owner 2

Title

☐ Mr☐ Mrs☐ Ms☐ Miss☐ DrOther

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

/  /

Residential address  
(this cannot be a PO Box)

Suburb/Town

State

Postcode

Country

Postal address  
(if different from above)

Suburb/Town

State

Postcode

Country

Phone

Home

Business

Mobile

Fax

Email

Company/Charity/Trustee/Association/Partnership (please complete address details below)

Name

Contact person

ABN

-  -  -

Registered address  
(this cannot be a PO Box)

Suburb/Town

State

Postcode

Country

Postal address  
(if different from above)

Suburb/Town

State

Postcode

Country

Phone

Business

Mobile

Fax

Email

4. Child Advancement Policy

If a Child Advancement Policy is nominated, the following statement must be completed by the policy owner.

**Please note only one child may be nominated, the child must be under 16 years of age and only one individual policy owner can apply. The child must be nominated as the life insured.**

I, the policy owner, declare that the Investment Savings Bond issued on the life of

shall be a Child Advancement Policy in accordance with the provisions of the *Life Insurance Act*, and on the child’s (10th to 25th) birthday shall become the absolute property of the child.

This Child Advancement Policy is to become the absolute property of the child on his/her  birthday.

Child’s date of birth (dd/mm/yyyy)  /  /

5. Life insured details

Is/Are the policy owner(s) also the life/lives insured? ☐ Yes ☐ No

If **Yes**, please proceed to the ‘Nominated beneficiaries’ section below. If **No**, please complete the life insured details (maximum of two).

Life insured 1

Title

☐ Mr☐ Mrs☐ Ms☐ Miss☐ DrOther

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

/  /

Life insured 2

Title

☐ Mr☐ Mrs☐ Ms☐ Miss☐ DrOther

Surname

Given name(s)

Date of birth (dd/mm/yyyy)

/  /

6. Nominated beneficiaries

Beneficiaries can only be nominated where the policy owner(s) is/are the life/lives insured. In this instance if you do not nominate a beneficiary(ies) the proceeds of this policy will pass to the estate of the last surviving policy owner.

A. Payment to your estate\*

Please pay my death benefit to my estate. The percentage of the total death benefit to be paid to my estate is %

B. Payment to your nominated beneficiaries

Please note: The total must add up to 100% (no decimals, no fractions)

Name of nominated beneficiary	Address (this cannot be a PO Box)	Date of birth (dd/mm/yyyy)	Proportion of death benefit %
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	

\* Total of A + B (must add up to 100%)

%

If you wish to nominate additional beneficiaries, simply provide the necessary information in the special instructions section on page 7 or via attachment. The nominated percentages must total 100%.

## 7. Investment details

Please specify the amount to be invested as a lump sum and, if appropriate, your regular investment amount.

**Note: In order to satisfy the requirements of the '125% opportunity', the maximum contribution is 125% of the previous policy year's total contributions.**

Investment fund	Lump sum investment	Regular Investment Plan
	<b>Minimum:</b> Initial \$2,500, additional \$1,000, per investment fund \$250.	<b>Minimum:</b> \$100 per month or quarter, \$100 per investment fund.
OnePath Money Market (MMOA, MMOH)	\$ <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"/>	and \$ <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"/>
OnePath Diversified Fixed Interest (TE01, TN01)	\$ <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"/>	and \$ <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"/>
OnePath Balanced (PEOA, PEOH)	\$ <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"/>	and \$ <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"/>
OnePath Managed Growth (DIOA, DIOH)	\$ <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"/>	and \$ <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"/>
OnePath Tax Effective Income (TE02, TN02)	\$ <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"/>	and \$ <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"/>
OnePath Australian Shares (AEOA, AEOH)	\$ <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"/>	and \$ <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"/>
OnePath Sustainable Investments – Australian Shares (TE12, TN12)	\$ <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"/>	and \$ <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"/>
OnePath Emerging Companies (ECO A, ECOH)	\$ <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"/>	and \$ <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"/>
OnePath International Shares (ISOA, ISOH)	\$ <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"/>	and \$ <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"/>
OptiMix Moderate (TE08, TN08)	\$ <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"/>	and \$ <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"/>
OptiMix Balanced (TE05, TN05)	\$ <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"/>	and \$ <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"/>
OptiMix Growth (TE07, TN07)	\$ <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"/>	and \$ <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"/>
OptiMix Property Securities (TE03, TN03)	\$ <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"/>	and \$ <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"/>
OptiMix Australian Shares (TE04, TN04)	\$ <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"/>	and \$ <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"/>
OptiMix Geared Australian Shares (TE09, TN09)	\$ <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"/>	and \$ <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"/>
OptiMix Global Emerging Markets Shares (TE10, TN10)	\$ <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"/>	and \$ <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"/>
OptiMix Global Shares (TE06, TN06)	\$ <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"/>	and \$ <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"/>
<b>Total</b>	\$ <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"/>	and \$ <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"/>
Please debit my regular investments <input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Quarterly		
(If no nomination is made, deductions will be made monthly).		

8. Payment options

Initial or additional contribution

- ☐ Cheque – (please make payable to 'OnePath Life Limited, <name>')
- ☐ Direct debit – please complete details below

Complete this section only if making an initial or additional contribution by direct debit. **Note:** Contributions by credit card are not accepted. I/We request and advise OnePath Life (User ID number: 102) to debit my/our nominated account in terms of the payment arrangement made between us:

Name of financial institution

Branch where account is held

Account holder's name

BSB number

Amount to be deducted

-

Account number

\$

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement on page 28 of the PDS, and I/we agree to be bound by, consent to and acknowledge such terms.

I/We understand that a processing fee may be charged by my/our financial institution each time a contribution is made. I/We also understand that where a regular deduction is dishonoured, a fee of \$10.00 is charged.

If joint account, all account signatories may be required to sign below.

Name of account holder A

Signature of account holder A

(sign clearly within box)

X

Date (dd/mm/yyyy) / /

Name of account holder B

Signature of account holder B

(sign clearly within box)

X

Date (dd/mm/yyyy) / /

Do you also wish to establish a Regular Investment Plan?

- ☐ Yes, please complete the details below.
- ☐ No, continue to section 9.

The amount and frequency of deduction will be equal to the details provided on page 4.

I/We request and advise OnePath Life (User ID number: 102) to debit my/our nominated account in terms of the payment arrangement made between us:

Name of financial institution

Branch where account is held

Account holder's name

BSB number

Account number

-

Once established, the direct debit will occur on the first day of each month (or the next business day).

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement on page 28 of the PDS, and I/we agree to be bound by, consent to and acknowledge such terms.

I/We understand that a processing fee may be charged by my/our financial institution each time a contribution is made. I/We also understand that where a regular deduction is dishonoured, a fee of \$10.00 is charged.

If joint account, all account signatories may be required to sign below.

Name of account holder A

Signature of account holder A

(sign clearly within box)

X

Date (dd/mm/yyyy) / /

Name of account holder B

Signature of account holder B

(sign clearly within box)

X

Date (dd/mm/yyyy) / /

**Note:** If the nominated account above is transferred, closed or the account details have changed, please advise us two weeks before the direct debit date.

9. Adviser Service Fee (ASF) to be completed by the policy owner(s)

I/We confirm that I/we have agreed to an Adviser Service Fee of 

0

.

 % p.a. (maximum 0.60% p.a.) and direct you to deduct that fee from my/our investment (see page 12 of the PDS).

**Note:** The Adviser Service Fee is not available for additions to existing policies, unless previously selected. The deduction of units in order to meet an Adviser Service Fee is deemed a withdrawal and may have tax implications.

Signature of policy owner 1/Director/Trustee

(sign clearly within box)

X

Signature of policy owner 2/Director/ Company Secretary/Trustee

(sign clearly within box)

X

10. Declaration and signature(s)

Before you sign this Application Form, OnePath Life or your financial adviser is obligated to give you a current PDS which accompanies this Application Form. The PDS will help you to understand the product and decide whether it is appropriate for your needs. Please note that the issuer has complete discretion whether or not to accept your application.

By completing the application, I/we:

- acknowledge that I/we have received a paper or an electronic version of the PDS and have read it and consent to be bound by the terms of the PDS
- acknowledge that I/we have read the Incorporated Material and agree to be bound by the terms contained in the Incorporated Material
- agree to be bound by the terms of my/our Policy, including the Policy Schedule
- acknowledge that I/we am/are not aware and have no reason to suspect that my/our investment is derived from, related to or used to fund, money laundering, terrorism financing or other similar activities and my/our instructions in relation to my/our investment will not result in ANZ or any of its related group companies breaching any related laws or regulations in Australia or any other country
- consent to the collection, use, storage and disclosure of my/our personal information as described in the Privacy section of the Incorporated Material. I/We further consent to ANZ or any of its related group companies (including the issuer) sending me information about its financial product from time to time
- declare that the information completed on this form is true and correct
- authorise my/our nominated financial adviser named in section 11 to receive and access my/our personal information for the purposes of managing my/our investment and conducting such transactions as I/we authorise. I/We acknowledge that you will be notified of any change in relation to this authority or my/our adviser
- acknowledge that an investment in the Investment Savings Bond is not a deposit or liability of ANZ or its related group companies, and none of them stands behind or guarantees the issuer or the capital or performance of an investment in the Investment Savings Bond, and that my/our investment is subject to investment risk, including possible repayment delays and loss of income and principal invested.

By signing this Application Form, I/we, the policy owner(s), whose signature(s) appears below, confirm that I/we have read and understood the above declarations.

Name of policy owner 1/Director/Trustee

Name of policy owner 2/Director/Company Secretary/Trustee

Signature of policy owner 1/Director/Trustee

(sign clearly within box)

X

Signature of policy owner 2/Director/ Company Secretary/Trustee

(sign clearly within box)

X

Date (dd/mm/yyyy)

/

/

Date (dd/mm/yyyy)

/

/

If this Application Form is signed by an attorney, the attorney acknowledges that there has been no notice of revocation of the Power of Attorney at the time of signing. A certified copy of the Power of Attorney is required.

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

For partnerships please ensure all parties sign.



## 11. Financial adviser details

Master sales account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Sales account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seller code 2 (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seller code 3 (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>						
Name of adviser	<input type="text"/>						
Phone	Business	<input type="text"/>					
	Mobile	<input type="text"/>					
Fax	<input type="text"/>						
Email	<input type="text"/>						

## Financial adviser stamp

2020 DIRECTINVEST  
ACN 069 774 456  
www.2020directinvest.com.au  
Sales Account code: 2013201  
Commission Rebate: 100%

## 12. Commission

If no nomination is made, standard commission will be paid.

## A. Entry Fee option

## i. Initial commission – please specify the commission amount to be paid.

☐ Maximum 4% (rebate 0%)    ☐ 3% (rebate 25%)    ☐ 2% (rebate 50%)    ☐ 1% (rebate 75%)    ☐ 0% (rebate 100%)

or specify amount to be rebated  % (up to 100%)

The nominated amount above excludes 10% GST (e.g. 4.00% means commission paid is 4.40%, including GST).

ii. Ongoing commission – please specify the amount to be rebated:  %

(e.g. 100% means all ongoing commission, excluding the 10% GST component, will be rebated to your client).

## B. Nil Entry Fee option

☐ **Choice 1** (i.e. 3.00% initial and 0.40% p.a. ongoing for the first three years, then 0.70% p.a. thereafter).

## i. Initial commission – please specify the commission amount to be paid:

☐ Maximum 3% (rebate 0%)    ☐ 2% (rebate 33.3%)    ☐ 1% (rebate 50%)    ☐ 1% (rebate 66.6%)    ☐ 0% (rebate 100%)

or specify amount to be rebated  % (up to 100%)

The nominated amount above excludes 10% GST (e.g. 3.00% means commission paid is 3.30%, including GST).

ii. Ongoing commission – please specify the amount to be rebated:  %

(e.g. 100% means all ongoing commission, excluding the 10% GST component, will be rebated to your client).

or

☐ **Choice 2** (i.e. nil initial and 1.00% ongoing)

Please specify amount to be rebated  % (up to 100%)

(e.g. 100% means all ongoing commission, excluding the 10% GST component, will be rebated to your client).

Signature of financial adviser

(sign clearly within box)

X

Date (dd/mm/yyyy)

/ /

## 13. Special instructions

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# Know your customer – identification requirements

## Investment Savings Bond

27 February 2012

### OnePath Life Limited (OnePath life)

ABN 33 009 657 176 AFSL 238341

347 Kent Street, Sydney NSW 2000

### Adviser Services

**Phone** 1800 804 768

**Fax** 02 9234 6668

**Email** [adviser@onepath.com.au](mailto:adviser@onepath.com.au)

**Website** [onepath.com.au](http://onepath.com.au)

The AML/CTF Act requires us to identify you and verify your identity before we assume liability under the investment, accept any payments and before we pay any benefit under the investment.

The information outlined below relates to individuals (including those investing on behalf of a child).

**If this investment is not in the name of an individual(s) (e.g. company, trust, partnership, association), you must complete the relevant customer identification document available at [onepath.com.au](http://onepath.com.au). This form must be attached to your Application Form to enable your investment to be processed.**

## Individuals

You can do one of two things to provide evidence of client identity verification to us:

**Advisers only** – complete our Identification Form which verifies you have collected sufficient identification from your client. Please note, you are not required to send in originals or copies of identification if you use this form. We will also accept the IFSA/FPA or dealer group branded identification forms.

**or**

**Advisers and individuals not using the services of an adviser** – send in original certified copies\* (not original documents) of the following:

- one primary photographic identification document **or**
- one primary non-photographic identification document **and** one secondary identification document.

**Please note** we cannot accept certified copies by fax.

## Acceptable forms of identification

### Primary photographic identification document

- Current Australian or foreign driver's licence<sup>†</sup>
- Australian passport (current or expired less than two years ago)
- Foreign government issued passport that also contains the holder's signature<sup>†</sup>
- Proof of Age document issued by a State or Territory
- Foreign government issued identity card containing the holder's signature.<sup>†</sup>

### Primary non-photographic identification document

- Australian birth certificate
- Certificate of Australian citizenship
- Foreign government issued birth certificate<sup>†</sup>
- Foreign government issued certificate of citizenship<sup>†</sup>
- Centrelink pension or health care card.

Secondary identification document

- Commonwealth, State or Territory issued document dated within the last 12 months that records the provision of financial benefits to the person and which contains the person’s name and residential address.
- Local Government body or utilities provider issued document dated within the last three months that records the provision of services to that address or that person and which contains the person’s name and residential address.
- Australian Taxation Office issued document dated within the last 12 months that records an amount payable or owed to the person and which contains the person’s name and residential address.
- If the person is under the age of 18, a notice dated within the last three months from a school principal containing the person’s name and residential address and the period of attendance at that school.

\* A certified copy is a document that has been certified as a true copy of the original. Examples of who can certify documents are:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>– a person enrolled on the roll of a Supreme Court or the High Court as a legal practitioner</li><li>– a judge, registrar or deputy registrar of a court</li><li>– a magistrate</li><li>– a chief executive officer of a Commonwealth court</li><li>– a Justice of the Peace</li><li>– a notary public</li><li>– a police officer</li><li>– an agent of Australia Post in charge of supplying postal services to the public</li></ul> | <ul style="list-style-type: none"><li>– a permanent employee of Australia Post with two years continuous service employed in supplying postal services to the public</li><li>– an Australian consular or diplomatic officer</li><li>– a bank or building society officer with two or more years of continuous service</li><li>– a finance company officer with two years continuous service</li><li>– an officer or authorised representative of an AFSL holder with two years continuous service</li><li>– a member of the Institute of Chartered Accountants in Australia, CPA Australia or National Institute of Accountants.</li></ul> |
|---|--|

**Please 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. A full list of persons who can certify documents is available from [onepath.com.au](http://onepath.com.au)

† Documents not in English must be accompanied by an English translation prepared by an accredited translator.

# Identification Form

## Investment Savings Bond

27 February 2012

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341  
347 Kent Street, Sydney NSW 2000

### Adviser Services

**Phone** 1800 804 768  
**Fax** 02 9234 6668  
**Email** adviser@onepath.com.au  
**Website** onepath.com.au

- Complete one form for each individual. Complete all applicable sections of this form in **BLOCK LETTERS**.
- Contact Adviser Services on 1800 804 768 weekdays between 8.30am and 6.30pm (Sydney time) if you have any queries.

## 1. Personal Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	Other <input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Residential address (this cannot be a PO Box)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					
Postal address (if different from above)	<input type="text"/>					
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	
Country	<input type="text"/>					

## 2. Verification procedure

Verify the **individual's** full name and **either** their date of birth **or** residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or Part III).
- Contact your licensee if the individual is 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 two years is acceptable).
- ☐ Card issued under a State or Territory for the purpose of providing 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 only

- ☐ 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 tax file number before scanning, copying or storing this document.
- ☐ A document issued by a local government body or utilities provider within the preceding three months that 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 three 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

Tick Both documents from this section must be presented – should only be completed if the individual does not own a document from Part I

- ☐ Foreign driver’s licence 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.

3. Record of verification procedure

Important:

- **Attach** a legible certified copy of the ID documentation used to verify the individual (and any required translation).
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID document details below, and **do not** attach copies of the ID documents.

ID document details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

4. Financial adviser details – identification and verification conducted by:

Date verified (dd/mm/yyyy)	<input type="text"/>
Financial adviser’s name	<input type="text"/>
Phone	<input type="text"/>
AFS Licensee name	<input type="text"/>
AFSL No.	<input type="text"/>