

Important information

This Attestation form relates to the requirements for customer identification (ID) as governed by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and related rules and guidance notes issued by AUSTRAC (AML/CTF requirements).

Please note that this Attestation forms part of your application for the product you are investing in.

You must ensure that both completed Application and Attestation forms are forwarded to us to ensure that the application is accepted.

Guide to completing this form

- If you have a financial adviser please ensure your financial adviser completes relevant parts of Section 1 and all of Sections 2, 3 and 4 of this form.
- If you do NOT have a financial adviser, please complete relevant parts of Section 1 and all of Section 5.
- Complete all applicable sections of this form in **BLOCK LETTERS**.
- Provide this form and a legible, certified copy of the ID document(s), if required, to us with a completed application form.
- Please complete this form for the following customer types:
 - Australian companies: go to Section 1 Question 1
 - Trusts (eg self-managed super fund): go to Section 1 Question 8
 - Partnerships: go to Section 1 Question 12
- Individuals and sole traders should complete the Attestation form – Customer identification – individual or sole trader. You can obtain a copy from www.axa.com.au under Forms > Other forms, or from www.summitservice.com.au under Summit Solutions.
- Foreign companies, associations, registered co-operatives and government bodies should complete the Attestation form – Customer identification – foreign company, association, registered co-operative or government body. You can obtain a copy from www.axa.com.au under Forms > Other forms, or from www.summitservice.com.au under Summit Solutions.

Customer name

Customer number (if known)

Section 1: Customer details
A Australian company details
1 Do you have an Australian Company Number (ACN)?

No, please complete the Attestation form – Customer identification – foreign company, association, registered co-operative or government body. Do not complete this form.

Yes, please provide your company ACN

2 Full name of company as registered with ASIC

3 Full address of the company's registered office (PO Box is not acceptable)

Street number and name

Town/Suburb

State

Postcode

Country

Email

Mobile number

4 Address of principal place of business (if same as above write 'as above')

Street number and name

Town/Suburb

State

Postcode

Country

Email

Mobile number

Customer name	Customer number (if known)

5 Is the company a proprietary company?

- No
- Yes, please provide the name of each director of the company below

Full name of director(s)	Full name of director(s)

If space provided is not sufficient please attach an additional page

6 Is the company a public company?

- No
- Yes, please specify:
 - Listed, please provide the name of the relevant stock exchange
 - Unlisted

7 Is the company regulated (eg Commonwealth, Territory or State)?

- No, please provide the name and residential address of each shareholder who owns 25 per cent or more of the issued capital of the company through one or more share holdings.

Full name of shareholder	Residential address (including country)

If space provided is not sufficient please attach an additional page

- Yes, please provide the name of the regulator and your relevant licence details

Name of regulator	Licence type	Licence number

- ▶ If you have a financial adviser, please ensure your financial adviser completes Sections 2, 3 and 4.
- ▶ If you do **NOT** have a financial adviser please complete Section 5.

B Trust details (eg self-managed super fund)

8 Please provide trust details.

Full name of trust	
Full business name, if any, of the trustee	Country in which the trust was established

9 Please select the type of trust and provide details, if required (tick one box only).

- | | | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Registered managed investment scheme | ▶ Please provide Australian Registered Scheme Number (ARSN) | <input style="width:95%;" type="text"/> |
| <input type="checkbox"/> Regulated trust (eg self-managed super fund) | ▶ Please provide regulator name (eg ASIC, APRA, ATO) | <input style="width:95%;" type="text"/> |
| | ▶ Please provide the trust's ABN or registration/licence number | <input style="width:95%;" type="text"/> |
| <input type="checkbox"/> Government superannuation fund | ▶ Please provide the name of the legislation under which the fund was established | <input style="width:95%;" type="text"/> |
| <input type="checkbox"/> Other trust | ▶ Please provide details (eg Family, unit or charitable trust, estate) | <input style="width:95%;" type="text"/> |

Customer name

Customer number (if known)

10 Please provide trustee details.

For a registered managed investment scheme, regulated trust or government superannuation fund provide details for one trustee (individual or company). For other trusts please provide details for all trustees (individual or company).

Details of each trustee who is an individual

Trustee name in full	Date of birth	Trustee residential address, including country (PO Box is not acceptable)
<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"/>

If space provided is not sufficient please attach an additional page.

Details of each trustee who is a company

You must provide further details for one of the companies listed. Please complete Section 1, questions 1 to 7.

Trustee name in full	Trustee address, including country (PO Box is not acceptable)
<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"/>

If space provided is not sufficient please attach an additional page.

11 Do the terms of the trust identify the beneficiaries by reference to membership class? (Only complete this question if you selected 'Other trust' in question 9).

No, please provide the full name of each beneficiary of the trust

Beneficiary name in full

If space provided is not sufficient please attach an additional page.

Yes, please provide membership class details

▶ If you have a financial adviser, please ensure your financial adviser completes Sections 2, 3 and 4.

▶ If you do **NOT** have a financial adviser please complete Section 5.

Customer name	Customer number (if known)

C Partnership details

12 Please provide partnership details.

Full name of partnership
<div style="width: 60%; border: 1px solid black; height: 20px;"></div> <div style="width: 35%; border: 1px solid black; height: 20px;"></div>
Registered business name Country where the partnership was established

13 Is the partnership regulated by a professional association?

No, please provide details for each partner. (You must also provide customer identification documents for one of the individuals. Please refer to Section 5 for acceptable documents.)*

Partner name in full	Date of birth	Partner residential address (PO box is not acceptable)
	/ /	
	/ /	
	/ /	
	/ /	

If space provided is not sufficient please attach an additional page.

Yes, please provide the association details and details for one of the partners.

Name of association	Membership number

If space provided is not sufficient please attach an additional page.

Partner name in full	Date of birth	Partner residential address (PO box is not acceptable)
	/ /	

You must also provide customer identification documents for this individual. Please refer to Section 5 for acceptable documents.*

- ▶ If you have a financial adviser, please ensure your financial adviser completes Sections 2, 3 and 4.
- ▶ If you do **NOT** have a financial adviser please complete Section 5.

* Financial advisers please note you may choose to retain these documents. Please refer to Section 3

Adviser use only

Section 2: Declaration

I declare that I have undertaken an applicable customer ID procedure for the above listed client as required under the AML/CTF requirements and that the client details contained in the sighted documents correspond with the client details contained in the application form.

Section 3: Record of identification procedure

Copy of ID document(s):

Not attached

Do not tick this box unless you have confirmed with your Licensee that they have entered into a Licensee Agreement with AXA that contains the relevant customer identification obligations.

Attached

Please provide either:

- Documentation for the Australian company, trust or partnership.
- Documentation for an individual (where required).

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

<input type="text"/>	<input type="text" value="()"/>
Financial adviser's name	Telephone
<input type="text"/>	<input type="text"/>
AFS Licensee name	Adviser number
<input type="text" value="X"/>	<input type="text" value="/ /"/>
Financial adviser signature	Date

Section 5: Customer identification procedure

I confirm that I have attached certified customer ID documents as requested.

X	/ /
Customer signature	Date

Customer identification checklist

You must attach the following certified documents to this form. Refer to page 8 to find out who can certify customer ID documents.

Australian companies

Provide the following:

An original or certified copy of a certificate of registration issued by ASIC.

Trusts

For a registered managed investment scheme, regulated trust (eg self-managed super fund), or government superannuation fund please provide one of the following:

Evidence of a search of the ASIC, ATO or relevant regulator's website.

A copy or relevant extract of the legislation establishing the government superannuation fund that has been sourced from a government website.

For other trusts please provide one of the following:

An original, certified copy or certified extract of the trust deed confirming the full name of the trust (front page, recitals and signing page will suffice).

A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.

A letter from a solicitor or qualified accountant that confirms the name of the trust.

And also provide:

Relevant ID documents for the identified trustee (individual or company).

Partnerships

Provide one of the following:

An original, certified copy or extract of the partnership agreement.

A certified copy or certified extract of the minutes from 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 (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.

An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

And also provide:

Relevant ID documents for the identified partner (individual).

Individuals

Part i – Provide one of the following:

- Current driver's licence/permit issued by a State or Territory 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 (eg proof of age card).
 - Current foreign driver's licence, passport or similar travel document containing the photograph and the signature of the person in whose name the document was issued.*
 - National identity card issued by a foreign government containing a photograph of the person in whose name the card was issued.*
-

If you CANNOT provide a document listed above please provide a document for each client from Part ii (a) AND Part ii (b) below.

Part ii (a) – Provide one of the following:

- Birth certificate or birth extract.*
 - Citizenship certificate issued by the Commonwealth.
 - Citizenship certificate issued by a foreign government.*
 - Pension card issued by Centrelink.
 - Health Care card issued by Centrelink.
-

Part ii (b) – and also provide one of the following:

- A notice 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 contains the individual's name and residential address.
 - A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address.
 - A notice issued by a local government body or utilities provider within the preceding three months, which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
 - If under the age of 18 a notice that:
 - was issued to the customer by a school principal within the preceding three months, and
 - contains the customer's name and residential address, and
 - records the period of time that the customer attended the school.
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Please refer overleaf to find out who can certify customer ID documents.

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

Who can certify customer ID documents?

Under the AML/CTF requirements the following 'authorised individuals' are able to certify documents:

Legal profession

- Legal practitioner including lawyer, QC, barrister or solicitor
 - Judge
 - Magistrate
 - CEO of a Commonwealth Court
 - Registrar or deputy registrar of a court
 - Justice of the Peace (JP)
 - Notary public
 - Police officer
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Financial services

- Finance company, credit union, building society or bank officer with two or more years of continuous service
 - An officer or representative of an Australian Financial Services Licence with two or more years of continuous service with one or more licensees
 - Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
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Medical profession

- Chiropractor
 - Dentist
 - Medical practitioner
 - Nurse
 - Optometrist
 - Pharmacist
 - Physiotherapist
 - Psychologist
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Veterinary surgeon

Australia Post employee with two or more years of continuous service

Teacher

Officer of the Australian Defence Force

Australian Consular or Diplomatic Officer

Registered Minister of Religion

Registered Marriage Celebrant

The full list of 'authorised individuals' who are able to certify documents can be found in the Statutory Declarations Regulations 1993.

When certifying documents the following process must be followed:

- All copied pages of original documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document 'certified true copy'. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp 'certified true extract'.