



## Trustee 2

Mr  Mrs  Miss  Ms Other

Surname

Full given name(s)

Date of birth  /  /

Residential address or Company registered office address  
*(PO Box is NOT accepted)*

Unit number  Street number

Street name

Suburb

State  Postcode

Country

Home phone number

Mobile phone number

Postal address *(if different from above)*

Unit number  Street number  PO Box number

Street name

Suburb

State  Postcode

Country

## Section C: Company details

*(to be completed if selected Trustee is a Company)*

Full name of Trustee

ABN/ARBN/ACN *(please circle)*

Business name

Registered office address in Australia *(PO Box is NOT accepted)*

Unit number  Street number

Street name

Suburb

State  Postcode

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

Unit number  Street number

Street name

Suburb

State  Postcode

Country

Postal address *(if different from above)*

Unit number  Street number  PO Box number

Street name

Suburb

State  Postcode

Country

### C1 Regulatory/Listing details

Select the following categories which apply to the Trustee Company and provide the information requested.

- Regulated Company** (licensed by an Australian Commonwealth, State or Territory statutory regulator)
- Australian Listed Company**
- Majority-owned Subsidiary of an Australian Listed Company**

### C2 Company type

(select only ONE of the following categories)

- Public** *If you Trust a registered managed investment scheme, regulated Trust (eg SMSF) or government superannuation fund, go to Section D.*
- Proprietary** *Go to Section C3 below.*

### C3 Company formed/incorporated in Australia

(select only ONE of the following categories)

- Australia**
- Other** (please state country)

### C4 Directors

(only needs to be completed for proprietary companies)

How many Directors are there?

Provide full name of each Director

1 Surname

Full given name(s)

2 Surname

Full given name(s)

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

### C5 Shareholders

(only needs to be completed for proprietary companies that are not regulated companies as selected in Section C1)

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

### Shareholder 1

Surname

Full given name(s)

Residential address (PO Box is NOT accepted)

Unit number Street number

Street name

Suburb

State  Postcode

Country

### Shareholder 2

Surname

Full given name(s)

Residential address (PO Box is NOT accepted)

Unit number Street number

Street name

Suburb

State  Postcode

Country

## Section D: Identification documentation

**Trusts:** Please attach a certified copy (see Certifier Category) of the Trust Deed (or extract from the Trust or other official document) which shows the name of the Trust, and the name of the Trustees. In addition, please provide documentation for Trustee group, that applies to you;

**Individuals as trustee:** Please attach a certified copy (see Certifier Category) of the Trustees' current drivers licence or passport, which confirms the name and date of birth or address; or

**Companies as Trustee:** Please attach a certified copy (see Certifier Category) of a Certificate of Incorporation (or other official document) for the Company which confirms the corporate Trustee's name, identification number (eg ACN) and whether the Company is a public or proprietary (private) company.

## Section E: Declaration and Signature(s)

To be signed by person(s) authorised to sign on behalf of the Trust.

I/We declare that the information is in this form (including each supporting document):

- is complete and correct;
- if it is about another person, has been provided with the authority of that person (if required);
- may be used in connection with any products, services or benefits I/we hold, apply for, request or obtain; and
- subject to their privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with Anti-Money Laundering and Counter-Terrorist Financing legislation.

I/We acknowledge that it is a criminal offence to knowingly provide:

- false or misleading information on this form; or
- false documents in support of any information on this form.

These declarations are given by the customer and by any signatories signing this form.

Signature 1

X

DD / MM / YY

Signature 2

X

DD / MM / YY



This form can be posted (no stamp required) to:

ClearView Retirement Solutions  
Client Administration  
Reply Paid 3382  
Sydney NSW 2001



If you have any questions about this form,  
please call us on

**132 977**

## Section J: Certifier Category

A certified copy is a document that has been certified as a true copy of the original document by one of the following:

1. (A Lawyer) a person who is enrolled on the roll of a Supreme court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
2. A Judge of a court;
3. A Magistrate;
4. A Chief Executive Officer of a Commonwealth court;
5. A Registrar or Deputy Registrar of a court;
6. A Justice of Peace;
7. A Notary Public (for the purposes of the Statutory Declaration Regulations 1993);
8. A Police Officer;
9. (A Postal Agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
10. (The post office) a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
11. An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
12. An Officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
13. A Finance Company Officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
14. An Officer, with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees; and
15. (An Accountant) a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.