

VERIFICATION OF IDENTITY TRUST



Phone: 1300 334 336
Fax: 1300 434 336
Email: scenarios@betterchoice.com.au
Website: www.betterchoice.com.au
Office: Level 5, 50 Cavill Avenue Surfers Paradise QLD 4217
Postal: PO Box 845 Surfers Paradise QLD 4217

This form will be emailed to:
Applications@betterchoice.com.au

TRUST DETAILS

Full name of trust:

Full business name (if any) of the trustee in respect to the trust:

Full address of principal place of business in company's home country (if any):
 Postcode:

Type of trust: Individual OR Family Regulated Trust (SMSF)* Registered managed investment scheme* Government superfund*
 Other:

Country in which the trust was established:

Settlor of Trust

Not required for trust types marked * above or if initial sum to establish the trust was less than \$10,000.
The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Full legal name (given name, middle name(s), family name) or Registered Business Name:

If the trustee is a company the VOI - Company form will also need to be completed.

FULL LIST OF TRUSTEES

One Trustee must complete the relevant Identification form (individual or company) in all cases and complete the relevant verification requirement unless the Trust is licensed and subject to Australian regulatory oversight. In addition, all other Trustees must provide their name and address unless the Trust is licensed and subject to Australian regulatory oversight.

Full name of Trustee1: D.O.B:

Residential address: Postcode:
(PO Box is not acceptable):

Full name of Trustee 2: D.O.B:

Residential address Postcode:
(PO Box is not acceptable):

Full name of Trustee 3: D.O.B:

Residential address Postcode:
(PO Box is not acceptable):

If there are more than three Trustees attach additional page(s).

BENEFICIARIES OF TRUST

(Except for a trust that is a registered trust and subject to Australian regulatory oversight)

If the terms of the Trust identify the beneficiaries by reference to membership of a class, provide details:

Full name of Beneficiary 1:

Residential address:

(PO Box is not acceptable):

Postcode:

Full name of Beneficiary 2:

Residential address

(PO Box is not acceptable):

Postcode:

Full name of Beneficiary 3:

Residential address

(PO Box is not acceptable):

Postcode:

If there are more than three beneficiaries attach additional page(s).

If a beneficiary listed above resides outside Australia they must complete Verification of Identity for their customer type

CUSTOMER 1

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

CUSTOMER 2

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

[OFFICE USE ONLY]

IDENTIFICATION DOCUMENTS

Existing Better Choice customers are only required to provide Identification Documents if a new loan security is required; or, if requested by Better Choice.

Tick those that have been sighted and attach copies to this form

- Original trust deed or certified copy or extract of trust deed.
- A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment) that contains the full name of the trust.
- A letter from a solicitor or qualified accountant that confirms the name of the trust.
- An ASIC search to verify the Managed Investment Scheme (MIS) registered with ASIC.
- Review of Financial Services Guide and Product Disclosure Statement and other public offering documents of the customer to verify that a MIS is not registered with ASIC that only has wholesale customers and does not make small scale offerings.
- Search of ASIC, ATO or relevant regulators websites.

Document 1:

Document name:

Date of issue:

State/country of issue:

Document number:

Document expiry date:

Document 2:

Document name:

Date of issue:

State/country of issue:

Document number:

Document expiry date: