

# Application Form

Portfolio Service



This application form is part of the Freedom of Choice Portfolio Service IDPS Guide (IDPS Guide)

- The IDPS Guide contains information about investing in the Freedom of Choice Portfolio Service. You should read the IDPS Guide before applying.
- A person who gives another person access to the Application Form must at the same time and by the same means give the other person access to the IDPS Guide.
- A copy of the IDPS Guide and the Application Form is available on request without charge.

## Section 1: INTRODUCTION

Only complete the sections relevant to you, as indicated below:

Select One	Account Type	Sections to Complete	Identification Requirement Groups to Complete
<input type="checkbox"/>	Individual(s)	1, 2, 7, 8	Group A
<input type="checkbox"/>	Partnership	1, 3, 7, 8	Group A & B
<input type="checkbox"/>	Trust/Superannuation fund with individual trustee(s)	1, 2, 4, 7, 8	Group C or D, & E
<input type="checkbox"/>	Trust/Superannuation fund with corporate trustee	1, 4, 5, 7, 8	Group C or D, & E
<input type="checkbox"/>	Company	1, 5, 7, 8	Group F, G or H
<input type="checkbox"/>	Power of attorney or agent	The sections relevant to the account type noted above <b>plus</b> 6	Group I

If you are an Association, Co-operative, Government Body or other type of entity not listed above, please contact Client Services on 1800 806 013 or via email [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au).

## Section 2: INDIVIDUAL(S) OR INDIVIDUAL TRUSTEE(S)

Complete this section if you are investing in your own name or as an individual trustee.

**For AML documentary requirements please refer to page 11.**

### 2.1 Type of investor

Tick one box only and complete the specified parts of this section.

- |  |  |
|--|--|
| <input type="checkbox"/> Individual - complete 2.2   | <input type="checkbox"/> Sole Trader - complete 2.2 and 2.4  |
| <input type="checkbox"/> Jointly with another individual(s) - complete 2.2, 2.3 and 2.5                  | <input type="checkbox"/> Individual Trustee for an individual - complete 2.2, 2.3 and 2.5 (if there is more than one individual trustee) |
| <input type="checkbox"/> Individual Trustee for a Trust - complete 2.2 and 2.3 (also complete section 4) |  |

### 2.2 Investor 1 (individual account holder, first joint investor, sole trader, director, individual trustee, partner 1)

Surname:				Salutation:	
Given Name(s):					
Date of Birth (DDMMYY):		Country of Birth:			
Telephone Number (+ Country Code):		Email:			
Tax File Number (TFN) or exemption code:		Reason for TFN Exemption:			
Residential Address (not a PO Box):					
Town/Suburb:		State:		Postcode:	
Country:					
Occupation:					

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

- |                             |  |  |
|-----------------------------|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, please give details: |  |
|-----------------------------|--|--|

Please answer both tax residency questions:

Are you a tax resident of Australia? Yes ☐ No ☐

Are you a tax resident of another Country? Yes ☐ No ☐

If you are a tax resident of a country other than Australia, we will follow up for further information.

### 2.3 Investor 2 (second joint investor, director, individual trustee, partner 2)

Surname:  Salutation:

Given Name(s):

Date of Birth (DDMMYY):  Country of Birth:

Telephone Number (+ Country Code):  Email:

Tax File Number (TFN) or exemption code:  Reason for TFN Exemption:

Residential Address (not a PO Box):

Town/Suburb:  State:  Postcode:  Country:

Occupation:

Do you hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or are you an immediate family member or a business associate of such a person?

☐ No ☐ Yes, please give details:

Please answer both tax residency questions:

Are you a tax resident of Australia? Yes ☐ No ☐

Are you a tax resident of another Country? Yes ☐ No ☐

If you are a tax resident of a country other than Australia, we will follow up for further information.

### 2.4 Sole Trader Details

Business Name (if applicable, in full):

Australian Business Number (ABN):

Street Address:

Town/Suburb:  State:  Postcode:  Country:

### 2.5 Signing Authority

Please tick to indicate signing requirements for future instructions (e.g. withdrawals, change of account details, etc)

☐ Only one investor required to sign ☐ All investors must sign

## Section 3: PARTNERSHIPS

Complete this section if you are investing for a partnership or as a partner.

**For AML documentary requirements please refer to page 11.**

### 3.1 General Information

Full Name of Partnership:

Registered Business Names of Partnership (if any):

Country where Partnership is established:

Tax File Number (TFN) or exemption code:  Reason for TFN Exemption:

### 3.2 Type of Partnership

Is the partnership regulated by a professional association?

☐ Yes, please provide details (need only give information below for partners with a 25% or greater interest or, if there are no such partners, for just one partner)

Name of Professional Association:

Membership Details:

☐ No, provide number of partners:

## Section 4: TRUST / SUPERANNUATION FUND

Complete this section if you are investing for a trust or superannuation fund.

**For AML documentary requirements please refer to page 11.**

### 4.1 General Information

Full Name of Trust or Superannuation Fund:

Full Name of Business (if any):

Country where Trust is established:

Tax File Number (TFN) or exemption code:

Reason for TFN Exemption:

### 4.2 Trustee Details

Number of trustees:

☐ **Individual** - trustee(s) must complete Section 2 of this form

☐ **Company** - trustee(s) must complete Section 5 of this form

☐ **Combination** - trustee(s) from each investor type must complete the relevant section of this form

### 4.3 Type of Trust

☐ **Registered Managed Investment Scheme**

Australian Registered Scheme Number (ARSN):

☐ **Regulated Trust** (including self-managed superannuation funds and registered charities that are trusts)

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

Australian Business Number (ABN) or registration licensing details:

**Please proceed to section 5**

☐ **Other Trust** (Unregulated) (also complete section 4.4)

Please Describe:

#### 4.4 Beneficiaries of an Unregulated Trust

Complete Section 4.4 and 4.5 only if you ticked 'Other Trust' in 4.3

Does the Trust Deed name beneficiaries?

☐ **Yes**, how many?

Provide the full name of each beneficiary who directly or indirectly is entitled to an interest of 25% or more in the trust:

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

☐ **No**, describe the class of beneficiary (e.g. the name of the family group, class of unit holders, the charitable purpose of charity name):

#### 4.5 Beneficial Owners and other persons of interest in an Unregulated Trust

Please provide the **full name** of any beneficial owner of the trust.

A beneficial owner is any individual who directly or indirectly has a **25% or greater interest** in the trust or a person who exerts **control over the trust**. This includes the **appointer** of the trust (who holds the power to appoint or remove the trustees of the trust. All beneficial owner(s) who meet the above definition will need to provide information and AML verification documents set out in Group A, F, G or H. Please provide beneficial owners as an attachment if there is insufficient space below:

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?

☐ No ☐ Yes, please give details:

Please provide the **full name** of the **settlor** of the trust where the initial asset contribution to the trust was greater than \$10,000 and the settlor is not deceased:

Is the Trust a tax resident of a country other than Australia? Yes ☐ No ☐

If Yes, we will follow up for further information.

### Section 5: COMPANY / CORPORATE TRUSTEE

Complete this section if you are investing for a company or where a company is acting as a trustee.

**For AML documentary requirements please refer to page 11.**

#### 5.1 Company Type

- ☐ Australian Listed Public Company – complete 5.2
- ☐ Australian Proprietary Company or non-listed public company – complete 5.2 and 5.4
- ☐ Foreign Company – complete all sections

#### 5.2 Company Details

Company Name:	<input type="text"/>	ACN/ABN(if registered in Australia):	<input type="text"/>
Tax File Number (TFN) or exemption code:	<input type="text"/>	Reason for TFN Exemption:	<input type="text"/>
Name of Contact Person:	<input type="text"/>		
Telephone Number (+ Country Code):	<input type="text"/>	Email:	<input type="text"/>
Registered Office Street Address (not a PO Box):	<input type="text"/>		
Town/Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
		Country:	<input type="text"/>

### Principal place of business in Australia

(Note for non-Australian companies registered with ASIC: you must provide a local agent name and address if you do not have a principal place of business in Australia.)

☐ Tick if the same as above, otherwise provide:

Registered Street Address  
(not a PO Box):

Town/Suburb:

State:

Postcode:

### 5.3 Additional Details for non-Australian Company

☐ Tick if the company is registered with ASIC

Australian Registered  
Body Number (ARBN):

☐ Tick if the company is registered with a foreign regulatory body

Name of Foreign  
Regulatory Body:

Company Identification  
Number Issued (if any):

Country of formation,  
incorporation or registration:

Company type  
(e.g. private company):

Registered Company  
Address (not a PO Box):

Town/Suburb:

State:

Postcode:

Country:

### 5.4 Beneficial Owners

**a. Senior Managing Official and controlling person: All proprietary or non-listed public domestic companies and foreign companies** must provide the full name of each senior managing official and controlling person of the company (such as the managing director or a senior executive who exerts control over the company i.e. authorised to sign on the company's behalf, make policy, operational and financial decisions):

1.	2.
3.	4.

If there are more than 4 directors please provide as an attachment.

**b. Shareholders and other beneficial owners: All proprietary or non-listed public domestic companies and foreign companies** must provide the full name of each shareholder and those who owns directly, indirectly, jointly or beneficially 25% or more of the company's issued capital.

1.	2.
3.	4.

If there are more than 4 shareholders please provide as an attachment.

**5.5 Does any beneficial owner hold a prominent public position or function in a government body (local, state, territory, national or foreign) or in an international organisation or is the beneficial owner an immediate family member or a business associate of such a person?**

☐ No ☐ Yes, please give details:

Is the Company a tax resident of a country other than Australia?

Yes

No

If Yes, we will follow up for further information.

## Section 6: AUTHORISED REPRESENTATIVE OR AGENT

Complete this section if you are completing this Application Form as an agent under a direct authority such as a Power of Attorney. You must also complete the section relevant to the investor/applicant that you are acting on behalf of.

**For AML documentary requirements please refer to page 11.**

### 6.1 Appointment of Power of Attorney or other Authorised Representative

☐ I am an agent under Power of Attorney or the investor's legal or nominated representative - complete 6.2

Full name of authorised  
representative / agent:

Title of role held  
with applicant:

Signature:

Date:

## 6.2 Documentation

You must attach a valid authority such as a Power of Attorney, guardianship order, grant of probate, appointment of bankruptcy trustee etc:

- ☐ The document is an original or certified copy
- ☐ The document is signed by the applicant / investor or a court official
- ☐ The document is current and complete
- ☐ The document permits the attorney / agent / representative (you) to transact on behalf of the applicant / investor

## Section 7: ACCOUNT INSTRUCTIONS (ALL INVESTORS MUST COMPLETE)

### 7.1 Investor Contact Details

Contact Person:				
Telephone Number:		Email:		
Postal Address:				
Town/Suburb:		State:		Postcode: Country:

### 7.2 Initial Investment Amount

Amount to be deposited: \$  *The minimum initial investment in the Service is \$5,000 including transferred investments*

### 7.3 Regular Investment Plan (if applicable)

Initial deposit to open the Regular Investment Plan is: \$  *The minimum initial investment for this option in the Service is \$2,500 including transferred investments*

Regular Investment amount: \$

Frequency of Regular Investment Plan:

☐ Monthly ☐ Quarterly (Mar, Jun, Sep, Dec) ☐ Half year (Jun, Dec) ☐ Annually (Jun)

**Note:** The total annual minimum contribution is \$1,200. You must also complete a Direct Debit Request Form.

### 7.4 Regular Income Plan (if applicable)

Regular Income amount: \$

Frequency of Regular Income Plan:

☐ Monthly ☐ Quarterly (Mar, Jun, Sep, Dec) ☐ Half year (Jun, Dec) ☐ Annually (Jun)

Account name (must match Applicant name):

Financial Institution:  Branch:

BSB:  Account Number:

### 7.5 Gearing Facility (if applicable)

☐ Borrowing arrangements have been made with a lender in respect of this application

The amount to be borrowed is: \$

**Note:** Further documentation will be required and the application may be subject to further terms and conditions as may be required by my nominated lender.

### 7.6 Purpose of Investment and Source of funds

Please outline the purpose of investment (e.g. superannuation, portfolio investment, etc):

Please outline the source/s of initial funding and anticipated ongoing funding (e.g. salary, savings, business activity, financial investments, real estate, inheritance, gift, etc and expected level of funding activity or transactions):

## 7.7 Adviser Details (if applicable)

Name of Adviser:				AFSL Number:	
Dealer Group:					
Name of Advisory Firm:					
Postal Address:					
Town/Suburb:		State:		Postcode:	
				Country:	
Email Address of Advisory Firm (required):					
Email Address of Adviser:					
Business Telephone:			Facsimile:		

## 7.8 Adviser Service Fees (All fees are payable monthly)

### One Off Fee

The applicant has agreed to the payment of an initial One Off Fee inclusive of GST to be deducted from the initial investment amount being:

\$

### Ongoing Fee

The applicant has agreed to the payment of a dollar based (\$) and/or percentage based (%) Ongoing Fee inclusive of GST to be deducted from the applicants account balance as at the last day of the month:

\$ p.a

% p.a

**Note:** Percentage based fees are not available for accounts with a Gearing Facility

## 7.9 Adviser Transaction Authority

I/We authorise the adviser nominated in section 7.7 to give or carry out instructions regarding the operation of my/our account (including investments) as set out below. I/We understand that in giving or carrying out instructions, my/our adviser may access my/our account details and transact on my/our account. I/We also understand that the Operator or its services providers can accept and act on such instructions given by my/our adviser without requiring a signature, additional proof, instructions or further confirmation from me/us. The instructions or transactions for which this authority applies are:

1. Investment of the initial deposit amount into my account in the Fund
2. Switching between investment strategies/ underlying investment holdings including purchasing and selling investments
3. Starting or stopping a regular withdrawal amount (where permissible under relevant law)
4. Changing the weightings of securities held in respect of your account.

## Section 8: SIGNATURES

### Declarations by applicant (All Investors MUST complete)

**When you sign this Application Form you declare that you have read and agree to the declarations below in addition to the Declarations by applicant detailed in the Freedom of Choice Portfolio Service IDPS Guide.**

#### General

- I/We have been provided a copy and have read and understood the Freedom of Choice Portfolio Service IDPS Guide including any conditions or limitations relating to the investment in the Service or its investment options.
- The information I/we have provided in this form is true and correct.
- I/We consent to the Operator accepting and acting on directions, instructions, requests and communications (including faxes and emails) in relation to investment management and administration in connection with the Service, from my/our authorised adviser shown in section 7.7 and their licensee. I/We authorise the Operator to continue to accept, rely upon and act on these communications until I/we notify the Operator in writing otherwise.
- I/We indemnify the Operator against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by my/our authorised adviser shown in section 7.7 and their licensee.
- I/We acknowledge the important warning about the differences between direct and indirect investment on page 25 of the Freedom of Choice Portfolio Service IDPS Guide.
- I/We acknowledge that by investing through the Service, I/we do not have access to some of the rights and entitlements that would otherwise be available to me/us as a retail investor if I/we invested in the underlying financial products directly. I/we understand that this includes not having the same rights as direct retail investors or not having access to cooling-off rights, withdrawal rights and voting rights (p. 25 of the Freedom of Choice IDPS Guide).

#### Personal information

- I/We acknowledge that I/we have read and understood the Privacy Statement described in the Freedom of Choice Portfolio Service IDPS Guide.
- I/ We acknowledge that I/we have read and understood the information about quotation of tax file numbers contained in the Freedom of Choice Portfolio Service IDPS Guide.

#### Advice & Adviser Fees

- I/We confirm my adviser has provided me with professional advice including the formulation of an investment strategy that has taken into consideration my/our personal objectives, financial situation and needs.
- I/We understand the Initial One-off Fee and On-going Fee are negotiable between my/our authorised adviser and myself and that any fees agreed to by me/us are in addition to the base fees stipulated in the Freedom of Choice Portfolio Service IDPS Guide.
- I/We authorise the payment of the adviser remuneration detailed in section 7.8.

*Please note: If you choose not to appoint a financial adviser you will still have access to the product and its online technology and you can directly give instructions to the Operator. You will not however have the benefit of the adviser's professional assistance in selecting your investments*

#### Gearing Facility

- I/ We understand that further documentation will be required and that my/ our account may be subject to further terms and conditions as may be required by my nominated lender.

#### Self Certification

- I/We undertake to provide a suitably updated self-certification within 30 days of any change in circumstances which causes the information contained herein to become incorrect.

#### Applicant 1

Full Name:

Capacity:

☐ Individual ☐ Director ☐ Partner ☐ Trustee ☐ Authorised Signatory

Signature:

Date:

#### Applicant 2

Full Name:

Capacity:

☐ Individual ☐ Director ☐ Partner ☐ Trustee ☐ Authorised Signatory

Signature:

Date:



### Declarations by financial adviser (if applicable)

**When you sign this Application Form you declare that you have read and agree to the declarations below in addition to the *Declarations by financial adviser* detailed in the *Freedom of Choice Portfolio Service IDPS Guide*.**

#### General

- I accept the terms of the adviser transaction authority in section 7.9 and agree to act in accordance with this authority and any written instructions I receive from the applicant. I agree to provide the applicant with any information or documents that they request in relation to any instructions or transactions generated under this authority.
- I declare that all transaction and directions given to the Operator will only be made after prior consent of the applicant.
- I hold an Australian Financial Services License (AFSL), or I am authorised through a holder of a current AFSL.
- I confirm that my license or authorisation enables me to deal in and advise on the Service.
- I have provided the member with a Statement of Advice in relation to the selected investment strategy as required.
- I have fully disclosed all fees and costs associated with investing in the Service.
- I confirm that any adviser service fees payable to me as agreed by the applicant are for financial services relating solely to the Service or its investments.
- I confirm that any changes to adviser service fees will be signed off in writing by the applicant prior to making such change.
- I declare that all information provided by myself in this Application Form is true and correct.
- I confirm that all emails containing personal or sensitive information will be sent through a secure site using encryption or other devices to protect the information.
- I indemnify the Operator against all losses, actions, liabilities, claims and expenses in relation to acting upon the directions, instructions, requests and communications given by me.

#### Customer Identification Procedure (Please tick one of the two boxes below)

- I have completed an appropriate Customer Identification Procedure (CIP) on this investor which meets the requirements (per type of investor) set out above and I have attached the relevant CIP documents.

Financial Adviser  
Signature:

Date:

## APPLICATION CHECKLIST

- ☐ Have you completed all sections relevant to you (as set out in the introduction)?
- ☐ Have you provided certified copies of your identification documents or has your financial adviser completed this for you?
- ☐ Have you completed all other relevant details and SIGNED the Application Form?

If you can tick all of the boxes above, send the following:

- Completed Application Form;
- Certified copies of identification documents;
- A cheque made payable to 'Freedom of Choice' and marked 'Not negotiable' (unless you are paying by direct debit, Electronic Funds Transfer etc.).

by post to:

Freedom of Choice

PO Box 3528

Tingalpa DC QLD 4173

If you have any enquiries, please contact your financial adviser or call Client Services on 1800 806 013 Australia-wide.

**Please note that no taxation, investment or financial product advice will be provided when you call the contact number above. It is strongly recommended that you speak to a financial adviser before investing in this Service.**

## AML Identity Verification Requirements

The AML/CTF Act requires the Operator to adopt and maintain an anti-money laundering and counter-terrorism financing (AML/CTF) program. The AML/CTF program includes ongoing customer due diligence, which may require the Operator to collect further information.

- Identification documentation provided must be in the name of the Applicant.
- Non-English language documents must be translated by an accredited translator.
- Applications made without providing this information cannot be processed until all the necessary information has been provided.
- If you are unable to provide the identification documents described please contact Client Services on 1800 806 013 or via email [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au).

**We require original certified copies of identification documents and the original signed application form.**

### GROUP A - Individuals

Each individual investor, individual trustee, partner, beneficial owner, or individual agent or authorised representative must provide one of the following primary photographic ID:

- ☐ A current Australian driver's licence (or foreign equivalent) that includes a photo and signature
- ☐ An Australian passport (not expired more than 2 years previously)
- ☐ An identity card issued by a State or Territory Government that includes a photo
- ☐ A current passport (or similar) issued by a foreign government or the United Nations (UN) (or an agency of the UN) that includes your photograph and signature

If you do NOT own one of the above ID documents, please provide one valid option from Column A and one valid option from Column B.

Column A	Column B
<ul style="list-style-type: none"> <li><input type="checkbox"/> Australian birth certificate</li> <li><input type="checkbox"/> Australian citizenship certificate</li> <li><input type="checkbox"/> Pension card issued by Department of Human Services (previously known as Centrelink)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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 TFN before scanning, copying or storing this document.</li> <li><input type="checkbox"/> A document issued by a local government body or utilities provider within the preceding 3 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).</li> <li><input type="checkbox"/> If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school.</li> </ul>

### GROUP B - Partnerships

Provide Group A verification documents for at least one partner and each beneficial owner of the Partnership and one of the following:

- ☐ A certified copy or certified extract of the partnership agreement.
- ☐ A notice issued by the Australian Taxation Office (ATO) within the last 12 months.
- ☐ An original or certified copy of a certificate of registration of business name issued by a government agency in Australia.
- ☐ A certified copy or certified extract of minutes of a partnership meeting.

All the above must show the full name of the partnership.

### GROUP C - Registered Managed Investment Scheme, Regulated Superannuation Fund (including a self- managed super fund), Government Superannuation Fund or a trust registered with the Australian Charities and Not-for-profit Commission (ACNC)

Provide one of the following:

- ☐ A copy of the company search of the relevant regulator's website e.g. APRA, ASIC or the ATO.
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.
- ☐ A copy from the ACNC of information registered about the trust as a charity.

All the above must show the Trust's full name and type (i.e. registered managed investment scheme, regulated superannuation fund (including a self- managed super fund) or government superannuation fund).

### GROUP D - Other Trusts (unregulated)

Provide Group A verification documents for each beneficial owner of the trust who is directly or indirectly entitled to benefit from a 25% or greater interest in the trust, **and** in relation to the Trust, one of the following:

- ☐ A certified copy or certified extract of the Trust Deed.
- ☐ Annual report or audited financial statements.
- ☐ A certified copy of a notice issued by the ATO within the previous 12 months.
- ☐ Signed meeting minutes.

All the above must show the full name of the Trust, its trustees, the appointer (the person authorised to appoint or remove trustees) and the settlor of the Trust (if any).

#### GROUP E – Trustees

- ☐ If you are an **Individual Trustee** – please provide the identification documents listed under Group A.
- ☐ If you are a **Corporate Trustee** – please provide the identification documents listed under Group F, G or H.
- ☐ If you are a **combination** of both – please provide the identification documents for each investor type listed under Group A and F, G or H.

#### GROUP F – Regulated Australian Companies

Provide one of the following:

- ☐ A copy of information regarding the company's licence or other information held by the relevant Commonwealth, State or Territory regulatory body e.g. AFSL, RSL, ACL etc.
- ☐ If the company is listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code.
- ☐ If the company is a majority owned subsidiary of a company listed on an Australian securities exchange, provide details of the exchange and the ticker (issuer) code for the holding company.
- ☐ An Annual Statement from ASIC issued in the previous 12 months; or
- ☐ A full company search issued in the previous 3 months; or
- ☐ A certificate of Company Registration.

All of above must clearly show the company's full name, its type (i.e. public or proprietary) and ACN.

#### GROUP G – Other Australian Companies (unregulated)

Provide Group A verification documents for each beneficial owner (including any shareholder who directly or indirectly owns or controls 25% or more the issued capital, and such documents about the senior managing official(s) who exerts control over the company), **and** in relation to the unregulated company, one of the following:

- ☐ An Annual Statement from ASIC issued in the previous 12 months; or
- ☐ A full company search issued in the previous 3 months; or
- ☐ A certificate of Company Registration.

All of above must clearly show the company's full name, its type (i.e. public or private) and ACN issued to the company.

#### GROUP H – Other Australian Companies (unregulated)

Provide Group A verification requirements for each beneficial owner (shareholder(s) who directly or indirectly owns or controls 25% or more the issued capital and information about the senior managing official(s) who exerts control over the company, **and** in relation to the foreign company, one of the following:

- ☐ A certified copy of the company's Certificate of Registration or incorporation issued by ASIC or the equivalent issued by the foreign jurisdiction's in which the company was incorporated, established or formed.
- ☐ A certified copy of the company's articles of association or constitution.
- ☐ A copy of a company search on the ASIC database or relevant foreign registration body. The company search from a foreign regulator must include the name of the regulator, the name of the company and the foreign registration number.

All of above must clearly show the company's full name, its type (i.e. public or private) and the ARBN issued by ASIC, or the identification number issued to the company by the foreign regulator.

#### GROUP I – Agents and Authorised Representatives

- ☐ If you are an **Individual Agent or Representative** – please provide the identification documents listed under Group A.
- ☐ A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

All Agents and Authorised Representatives must also provide a certified copy of their authority to act for the investor e.g. the POA, guardianship order, Executor or Administrator of a deceased estate, authority granted to a bankruptcy trustee, authority granted to the State or Public Trustee etc.

### Additional Information

In most cases the information that you provide in this form will satisfy the AML/CTF Act, the United States Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standards ('CRS'). However, in some instances the Operator may contact you to request further information. It may also be necessary for the Operator to collect information (including sensitive information) about you from third parties in order to meet its obligations under the AML/CTF Act, FATCA and CRS.

**Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173**

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice's Privacy Statement, please let us know. We have published our Privacy Statement on our website [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)