

Macquarie Trust Identification Form



The purpose of this form is to provide identification documents for the trust.

Identification requirements for signatories

In addition to this form, each signatory on the account must also provide their supporting identification documents.

Please provide a certified copy of one primary document **OR** two secondary documents.

Primary documents

- Australian passport (current or expired less than two years)
- International passport (current)
- Government issued driver's licence (current)
- Card issued under a State or Territory for the purpose of proving your age and containing your photograph (current).

Secondary documents

Please provide one document from Group A **AND** one document from Group B

Group A

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink.

Group B

- A document issued by the Australian Tax Office within the preceding 12 months that contains your name and residential address (eg Notice of Assessment)
- A document issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to your address or to you (eg water or electricity bill). The document must contain your name and residential address
- 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. The document must contain your name and residential address.

How to provide your identification

You can provide your identification by post or in person at a Macquarie office. Our address details are provided at the end of this form.

Please complete **Section 1** before providing this form to Macquarie.

- **Visit a Macquarie office** – bring this form and your original identification documents for us to verify. We can also accept certified copies* of your documents, **OR**
- **By mail** – send us this form and certified copies* of your identification documents.

* Please refer to Section 4 for details of Authorised Persons who can certify your identification documents.

1. TRUST DETAILS

Full name

Full business name (if any)

Country where trust established

1.1 Type of Trust

Regulated Trust (e.g. SMSF)

Provide name of the regulator (e.g. ASIC, APRA, ATO)

Provide the trust's ABN or registration/licensing details

(Go to Section 1.3)

Other trust type

Trust description (e.g. Family, unit, charitable, estate trusts only)

(Complete Section 1.2 and 1.3)

Registered managed investment schemes

Provide Australian Registered Scheme Number (ARSN)

(Go to Section 2)

Government Superannuation Fund

Provide name of the legislation establishing the fund

(Go to Section 2)

1. TRUST DETAILS CONTINUED

1.2 Beneficiary Details (applicable for family, unit, charitable, estate trusts only)

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes ▶ Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)

No ▶ How many beneficiaries are there? Provide full name of each beneficiary below

First given name(s)	Surname
<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 there are more beneficiaries, provide details on a separate sheet

1.3 Trustee Details

How many trustees are there? Provide full name of each trustee below

Trustee 1

Full given name(s) or Company name Surname

Residential address if an individual trustee or company registered office address (cannot be a PO Box)

Street number and name

Suburb/Town State Postcode Country

Trustee 2

Full given name(s) or Company name Surname

Residential address if an individual trustee or company registered office address (cannot be a PO Box)

Street number and name

Suburb/Town State Postcode Country

Trustee 3

Full given name(s) or Company name Surname

Residential address if an individual trustee or company registered office address (cannot be a PO Box)

Street number and name

Suburb/Town State Postcode Country

Trustee 4

Full given name(s) or Company name Surname

Residential address if an individual trustee or company registered office address (cannot be a PO Box)

Street number and name

Suburb/Town State Postcode Country

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

(Go to Section 2)

2. TRUST VERIFICATION PROCEDURE

In all cases a certified copy of an up-to-date extract of the trust deed is required. The extract should include pages which show the trust name, show the trustee's name(s) and; show the trustee's signature(s) with witness signatures.

For a Family/Estate/SMSF Trust type as selected in Section 1.1 verify:

- *The full name of the trust*

Tick ✓	Verification options (select one of the following options used to verify the Trust)
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed.
<input type="checkbox"/>	A letter from a solicitor or qualified accountant that confirms the name of the trust.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months (e.g. a Notice of Assessment). <i>Block out the TFN before scanning, copying or storing this document.</i>

For a SMSF, registered managed investment scheme or government superannuation fund as selected in Section 1.1, verify:

- *The full name of the trust*
- *That the trust is a SMSF, registered investment scheme or government fund, as applicable.*

Tick ✓	Verification options (select one of the following options used to verify the Trust)
<input type="checkbox"/>	An original or certified copy or certified extract of the trust deed.
<input type="checkbox"/>	Perform a search of the ASIC, ATO or relevant regulator's website.
<input type="checkbox"/>	A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

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

3. MACQUARIE USE ONLY

Checking officer's name

Position

Date

Macquarie Office

Checking officer's signature

Comments

4. CERTIFICATION OF IDENTIFICATION DOCUMENTS

A copy of the original documentation which has been signed as a true and correct copy by authorised person. This cannot be faxed. The authorised person should also print their name, date and position and if possible affix an official stamp. Authorised persons may include financial advisers, judges, magistrates, justices of the peace, lawyers/solicitors, police officers and chartered accountants or persons prescribed under the Statutory Declarations Regulations 1993.

5. CONTACT US

Queensland

Level 8, 12 Creek Street,
Brisbane QLD 4000

GPO Box 1459
Brisbane QLD 4001

Hours of Operation: 8.00am – 5.30pm

New South Wales

1 Shelley Street,
Sydney NSW 2000

PO Box 192
Australia Square NSW 1215

Hours of Operation: 8.00am – 6.00pm

Victoria

Level 26, 101 Collins Street,
Melbourne VIC 3000

GPO Box 5435CC
Melbourne VIC 3001

Hours of Operation: 8.00am – 5.00pm

South Australia

Level 2, 151 Pirie Street
Adelaide SA 5000

GPO Box 2632
Adelaide SA 5001

Hours of Operation: 8.00am – 5.00pm

Western Australia

Level 3, 235 St Georges Terrace
Perth WA 6000

PO Box 7306 Cloisters Square
Perth WA 6850

Hours of Operation: 8.00am – 5.00pm

Phone: 1800 806 310

Online: macquarie.com.au/personal

Email: transact@macquarie.com