

Macquarie Associations identification form

Macquarie Bank Limited ABN 46 008 583 542 AFSL and Australian Credit Licence 237502

Guide to completing this form

- This form is for *Associations*.
- Provide details for the Association's Beneficial Owners (section 1.4) and provide separate *Individual identification forms* for each of these Beneficial Owners.
- Complete separate *Individual identification forms* for each signatory on the account.
- Complete all applicable sections of this form in **BLOCK LETTERS**.

Acceptable ID documents – provide the following document to allow verification of the Association:

- an original certified copy or certified extract of the Constitution or Rules of the Association. The document must contain the full name of Association and if incorporated, ID number of incorporation.
- all documents must have been certified within the last 12 months, at the time of acceptance by us.

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Association identification procedure

1.1 General information

Full name of Association:

Industry of Operation (Primary):

Business activity:

Source of net wealth (select one option only as the predominant source)*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Business operations | <input type="checkbox"/> Savings from employment | <input type="checkbox"/> Superannuation | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Inheritance/gift | <input type="checkbox"/> Sale of a property or asset | <input type="checkbox"/> Legal settlement | <input type="checkbox"/> Foreign income |

Full name of the following (or equivalent in each case) – Complete separate Individual identification forms for each of these individuals.

Chairman	Secretary	Treasurer
Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>

1.2 Association type (select ONE of the following categories)

☐ **Incorporated Association**

Body responsible for registration:

Provide an ID number issued on incorporation (eg registration/incorporation number) (if any):

☐ **Unincorporated Association**

* Source of wealth should be considered as a whole, including any beneficial owners if applicable.

Association identification procedure (continued)

1.3 All Associations (select and provide ONE of the following)

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.

☐ **Principal place of administration address** (PO Box is NOT acceptable)

Street name and number:

Suburb: State: Postcode:

Country:

If a principal place of administration provided ► **go to section 1.4**

OR

☐ **Registered office address** (PO Box is NOT acceptable)

Street name and number:

Suburb: State: Postcode:

Country:

If a registered office is provided ► **go to section 1.4**

OR

☐ **Name and residential address of the public officer** (or president, secretary or treasurer if there is no public officer)

Full given name(s) of officer (if applicable):

Surname: Position:

Residential address (PO Box is NOT acceptable)

Street name and number:

Suburb: State: Postcode:

Country:

1.4 Beneficial ownership

Provide the names of the individual members who directly or indirectly control* the Association.

Complete separate *Individual identification forms* for each of these individuals.

Beneficial Owner 1	Beneficial Owner 2	Beneficial Owner 3
Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>	Full given name(s) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
Role <input type="text"/>	Role <input type="text"/>	Role <input type="text"/>

☐ Please cross this box if there are more Beneficial Owners and provide details on a separate sheet.

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto.

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Tax information

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

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

ie. An Association created or established under the laws of a country other than Australia.

☐ No ☐ Yes, please provide the Association's country of tax residence and tax identification number (TIN) or equivalent below.
If the Association is a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

Please note a US TIN must be provided if the entity is a US Specified Person. This is a mandatory requirement and a TIN exemption reason will no longer be accepted. The account cannot be opened without a US TIN.

Country 1	Country 2	Country 3
Country <input type="text"/>	Country <input type="text"/>	Country <input type="text"/>
TIN (if no TIN, list reason A, B or C) <input type="text"/>	TIN (if no TIN, list reason A, B or C) <input type="text"/>	TIN (if no TIN, list reason A, B or C) <input type="text"/>

Reason A: The country of tax residency does not issue TINs to tax residents

Reason B: The Association has not been issued with a TIN

Reason C: The country of tax residency does not require the TIN to be disclosed

☐ Please cross this box if there are more countries, provide details on a separate sheet.

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Certification of identification documents

In order for documents to meet the certification requirements, the document must clearly be certified as a true copy of the original by an appropriate person. Each certified copy document must be certified separately and must show clearly:

- the date of Certification is to be no more than **12 months** old at the time of acceptance by Macquarie,
- written or stamped '**certified true copy**',
- the **wet ink signature** of the certifying officer, the full name, provider/registration number (if applicable), and
- profession/qualification of the certifying officer and years of service (if applicable), legibly printed below the signature.

Certification is only required on the first page of the document. The certifier needs to sight all pages of the document in order to ensure that they have reviewed the whole document.

Persons who can certify documents include:

- Justice of the Peace
- Notary public
- a police officer
- 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
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more financial institutions.

For a comprehensive list go to <https://www.macquarie.com.au/everyday-banking/macquarie-client-identity-verification.html>