



## Customer Verification Form – Trusts

All fields are mandatory, unless specified otherwise.

### 1. TRUST DETAILS

RAMS Individual Customer Number (if known)

Full name of the Trust

ABN of the Trust (if any)

No ABN

☐

Full business name of the Trustee in respect of the Trust (if any) e.g. trading name

Any other name(s) under which the Trustee carries on business in respect of the Trust (if any)

Full address of the principal place of business of the Trust (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Nature of business activities – Australia and New Zealand Standard Industry Code (ANZSIC).

Please provide us with details of the industry in which your business operates for example real estate, dairy manufacturer.

Country in which the Trust was established

Trust's contact email address

Full name/organisation name of Settlor of the Trust (unless the settlor is deceased)

Full name of each beneficiary **OR** details of the membership class (e.g. family members of named person, charitable purpose)

Please provide how the beneficiaries (if any) are described in the trust deed (e.g family members and/or associated entities of the named beneficiaries)

**Trustee 1** Full legal name (Individual or Entity)

**Trustee 2** Full legal name (Individual or Entity)

**Trustee 3** Full legal name (Individual or Entity)

**Trustee 4** Full legal name (Individual or Entity)



## Customer Verification Form – Trusts

### 1. TRUST DETAILS (CONTINUED)

#### Is the Trust a tax resident of any country outside of Australia?

☐ **Yes** ➤ Country(ies) outside of Australia in which the Trust is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Note:** If the Trust has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ **No** ➤ Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Commission

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Bonus

☐ Tax Refund

☐ Liquidation of Assets

☐ Business Profits

☐ Gift/Donation

☐ Insurance Payment

☐ Loan

☐ Government Grant

☐ Compensation Payment

☐ Rental Income

☐ Business Income/Earnings

☐ Additional sources (please specify)

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

☐ Business Profits

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Rental Income

☐ Gift/Donation

☐ Compensation Payment

☐ Insurance Payment

☐ None

☐ Liquidation of Assets

☐ Business Income/Earnings

☐ Additional sources (please specify)

#### 1a. Regulated Trust type (Please select one from the list below, if applicable)

☐ Registered Managed Investment Scheme

Australian Registered Scheme Number (ARSN)

☐ Regulated Trust

Name of the Trust regulator and the registration/licensing details (e.g. registration number, or ABN for a regulated SMSF)



## Customer Verification Form – Trusts

### 1. TRUST DETAILS (CONTINUED)

☐ Government Superannuation Fund

Name of the legislation establishing the fund

☐ Wholesale Unregistered Managed Investment Scheme

Is the Trust a **Managed Investment Scheme** that is not registered by ASIC, and meets the following criteria:

- Only has wholesale clients; and
- Does not make small scale offerings to which section 1012E of the *Corporations Act 2001* applies

☐ Yes ☐ No

➔ Go to Section 5 Declaration once the above is complete

#### 1b. Standard Trust type (Please select one from the list below)

☐ Unit/fixed ☐ Testamentary ☐ Discretionary (including family Trust) ☐ Unregistered Managed Investment Scheme

➔ Go to Section 2 Beneficial Owners once the above is complete

### 2. DOMESTIC PROPRIETARY COMPANY DETAILS

Is the Trustee a Company?

☐ Yes – Complete the Company details below

☐ No ➔ Go to Section 3. Beneficial Owners

RAMS Individual Customer Number (if known)

Full name of the company as registered with ASIC

Other name(s) under which the company carries on their business (if any)

ACN

ABN (if any)

Is the company majority owned by an Australian publicly listed company?

☐ Yes ➔ Provide name of the domestic stock exchange on which the majority owner is listed.

☐ No ➔ Go to next question

Is the company majority owned by a foreign listed company?

☐ Yes ➔ Provide name and jurisdiction of the foreign stock exchange on which the majority owner is listed.

☐ No ➔ Go to next question

Nature of business activities – Australia and New Zealand Standard Industry Code (ANZSIC).

Please provide us with details of the industry in which your business operates for example, real estate, dairy manufacturer.

Date of registration

State/Territory of registration

Full address of the company's registered office (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|



## Customer Verification Form – Trusts

### 2. DOMESTIC PROPRIETARY COMPANY DETAILS CONTINUED

Full address of the company's principal place of business (not a PO Box) (if any)

☐ As Above

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Company's contact email address

Full name(s) (including middle name(s) where applicable) of ALL company directors.  
(If there is not enough space, provide details on a separate sheet)

#### Is the company a tax resident of any country outside of Australia?

☐ **Yes** ➔ Country(ies) outside of Australia in which the company is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

\*A Foreign TIN is an identifying number or equivalent issued by the company's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Note:** If the company has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ **No** ➔ Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Commission

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Bonus

☐ Tax Refund

☐ Liquidation of Assets

☐ Business Profits

☐ Gift/Donation

☐ Insurance Payment

☐ Loan

☐ Government Grant

☐ Compensation Payment

☐ Rental Income

☐ Business Income/Earnings

☐ Additional sources (please specify)



## Customer Verification Form – Trusts

### 2. DOMESTIC PROPRIETARY COMPANY DETAILS CONTINUED

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Sale of Assets           | <input type="checkbox"/> Investment Income/Earnings |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Gift/Donation            | <input type="checkbox"/> Compensation Payment       |
| <input type="checkbox"/> Insurance Payment                   | <input type="checkbox"/> None                     |   |
| <input type="checkbox"/> Liquidation of Assets               | <input type="checkbox"/> Business Income/Earnings |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

### 3. BENEFICIAL OWNERS

Full Name(s) (including middle name(s) where applicable), full address (no PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.

The Beneficial Owner(s) of a Trust are the person(s) that own or control each Trustee.

- Generally, where the Trustee is an individual, the Trustee will be the Beneficial Owner.
- Where the Trustee is a non-individual, the person(s) that owns or controls the non-individual will be the Beneficial Owner(s).

Where no Beneficial Owner(s) can be identified under the ownership or control arrangement, an individual who holds the power to appoint or remove the Trustees of the Trust, such as the Appointer of a Trust must be identified. This individual should be outlined in the Trust Deed.

Please attach certified copies of identification documentation (go to Section 7 to find out more about acceptable documentation).

If there is not enough space, provide details on a separate sheet and attach to this form, labelling the section that the attachment relates to.

#### Beneficial Owner 1

Type of relationship: ☐ Trustee ☐ Other Individual

Title Full name (as per identification document)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Other name(s) (if any)

Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

If Yes, then please provide your Customer Identification Number

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Mobile Number

Email Address

#### Is Beneficial Owner 1 a tax resident of any country outside of Australia?

☐ Yes ☒ Please indicate below the country(ies) in which Beneficial Owner 1 is a resident for tax purposes and each country's associated TIN\*

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.




## Customer Verification Form – Trusts

### 3. BENEFICIAL OWNERS (CONTINUED)

**Note:** If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ No  Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Salary/Wages

☐ Inheritance

☐ Compensation Payment

☐ Commission

☐ Redundancy

☐ Gift/Donation

☐ Bonus

☐ Liquidation of Assets

☐ Windfall

☐ Loan

☐ Government Benefits

☐ Tax Refund

☐ Business Profits

☐ Superannuation/Pension

☐ Insurance Payment

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Rental Income

☐ Business Income/Earnings

☐ Additional sources (please specify)

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

☐ Government Benefits

☐ Windfall

☐ Business Income/Earnings

☐ Business Profits

☐ Inheritance

☐ Compensation Payment

☐ Rental Income

☐ Liquidation of Assets

☐ Gift/Donation

☐ Redundancy

☐ Employment Income/Earnings

☐ Owns Real Estate/Property

☐ Insurance Payment

☐ Superannuation/Pension

☐ None

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Additional sources (please specify)

#### Beneficial Owner 2

Type of relationship: ☐ Trustee ☐ Other Individual

Title

Full name (as per identification document)

Other name(s) (if any)

Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

If Yes, then please provide your Customer Identification Number

Employment type (e.g. Full-time, Part-time, Casual)

Occupation



## Customer Verification Form – Trusts

### 3. BENEFICIAL OWNERS (CONTINUED)

Full address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile Number

Email Address

|  |  |
|--|--|
|  |  |
|--|--|

#### Is Beneficial Owner 2 a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which Beneficial Owner 2 is a resident for tax purposes and each country's associated TIN\*

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Note:** If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

|  |  |
|--|--|
|  |  |
|--|--|

☐ **No** ➔ Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional ☐ Savings ☐ Long-term Borrowing

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/Wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation Payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/Donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of Assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government Benefits        | <input type="checkbox"/> Tax Refund           |
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Superannuation/Pension     | <input type="checkbox"/> Insurance Payment    |
| <input type="checkbox"/> Sale of Assets                      | <input type="checkbox"/> Investment Income/Earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business Income/Earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Government Benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business Income/Earnings  |
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation Payment      |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Liquidation of Assets      | <input type="checkbox"/> Gift/Donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment Income/Earnings | <input type="checkbox"/> Owns Real Estate/Property |
| <input type="checkbox"/> Insurance Payment                   | <input type="checkbox"/> Superannuation/Pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of Assets                      | <input type="checkbox"/> Investment Income/Earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |



## Customer Verification Form – Trusts

### 3. BENEFICIAL OWNERS (CONTINUED)

#### Beneficial Owner 3

Type of relationship: ☐ Trustee ☐ Other Individual

Title Full name (as per identification document)

|  |  |
|--|--|
|  |  |
|--|--|

Other name(s) (if any)

|  |
|--|
|  |
|--|

Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

|  |
|--|
|  |
|--|

If Yes, then please provide your Customer Identification Number

|  |
|--|
|  |
|--|

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

Full address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile Number

Email Address

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

#### Is Beneficial Owner 3 a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which Beneficial Owner 3 is a resident for tax purposes and each country's associated TIN\*

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Note:** If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

|  |
|--|
|  |
|--|

|  |
|--|
|  |
|--|

☐ **No** ➔ Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Salary/Wages

☐ Inheritance

☐ Compensation Payment

☐ Commission

☐ Redundancy

☐ Gift/Donation

☐ Bonus

☐ Liquidation of Assets

☐ Windfall

☐ Loan

☐ Government Benefits

☐ Tax Refund

☐ Business Profits

☐ Superannuation/Pension

☐ Insurance Payment

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Rental Income

☐ Business Income/Earnings

☐ Additional sources (please specify)

|  |
|--|
|  |
|--|





## Customer Verification Form – Trusts

### 3. BENEFICIAL OWNERS (CONTINUED)

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government Benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business Income/Earnings  |
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation Payment      |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Liquidation of Assets      | <input type="checkbox"/> Gift/Donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment Income/Earnings | <input type="checkbox"/> Owns Real Estate/Property |
| <input type="checkbox"/> Insurance Payment                   | <input type="checkbox"/> Superannuation/Pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of Assets                      | <input type="checkbox"/> Investment Income/Earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

### 4. FOREIGN TAX RESIDENCY

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the entity and/or any individual who holds ownership and/or control in the entity of 25% or more (Beneficial Owner/Controlling Person) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Beneficial Owners/Controlling Persons. Failure to respond may lead to certain reporting requirements applying to the account.

You certify that if at any time there is a change to the foreign tax status details for you, the entity and/or any controlling persons, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s in your entity, you will inform the bank.

A Beneficial Owner/Controlling Person refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a Trust, a Beneficial Owner/Controlling Person includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a Trust, the term includes persons in equivalent or similar positions.

### 5. PRIVACY STATEMENT AND CONSENT REQUEST

#### Privacy Statement

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <https://www.rams.com.au/about-rams/privacy/> or by calling us on **13 7267**. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information, but if you don't, we may not be able to continue to provide products or services to the customer for which you are a Trustee, partner, representative, Beneficial Owner, or controlling person.

#### Consent Request

You consent to Westpac collecting and holding any sensitive information (such as health information or information about your racial or ethnic origin) which appears on certified copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

If you do not consent to Westpac's collection of any such sensitive information, you may verify your identity in person at any Westpac branch.

### 6. DECLARATION

#### Customer declaration

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Where I am providing personal information about another individual, I have made them aware:

- that I will be doing this; and
- that Westpac will collect, use and share their personal information in accordance with its Privacy Statement available at <https://www.rams.com.au/about-rams/privacy/>

**Where I am providing Westpac with another person's sensitive information, I have obtained their consent** to sharing it with Westpac and their consent to Westpac collecting, using and disclosing their sensitive information in accordance with Westpac's Privacy Statement.



## Customer Verification Form – Trusts

### 6. DECLARATION CONTINUED

Signature of authorised person

Position held (Director or Company Secretary or Trustee)

Date of signature

Full name (given name/s and family name)

RAMS Customer Identification Number (if applicable)

Are you also a Beneficial Owner and have provided your details in Section 3?

☐ **Yes** ➔ Go to Section 7

☐ **No** ➔ Please continue completing Signatory details questions below

#### Signatory details if you are not a Beneficial Owner

Other names (if any)

Date of Birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full residential address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile Number

Email Address

#### Are you a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which you are a resident for tax purposes and each country's associated TIN\*

\*A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Note:** If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ **No** ➔ Go to next question

#### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing



## Customer Verification Form – Trusts

### 6. DECLARATION CONTINUED

#### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/Wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation Payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/Donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of Assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government Benefits        | <input type="checkbox"/> Tax Refund           |
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Superannuation/Pension     | <input type="checkbox"/> Insurance Payment    |
| <input type="checkbox"/> Sale of Assets                      | <input type="checkbox"/> Investment Income/Earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business Income/Earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government Benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business Income/Earnings  |
| <input type="checkbox"/> Business Profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation Payment      |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Liquidation of Assets      | <input type="checkbox"/> Gift/Donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment Income/Earnings | <input type="checkbox"/> Owns Real Estate/Property |
| <input type="checkbox"/> Insurance Payment                   | <input type="checkbox"/> Superannuation/Pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of Assets                      | <input type="checkbox"/> Investment Income/Earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

## 7. NEXT STEPS

**Step 1:** Ensure all relevant sections of the form are completed and the customer declaration is signed

**Step 2:** Attach all certified copies supporting documents

**Step 3:** Return the documentation (completed form and certified copies of supporting documents) by email to:  
[serviceexcellence-idv@rams.com.au](mailto:serviceexcellence-idv@rams.com.au)

### Certified documents

Customers are required to provide us with certified copies (not original documents) of acceptable identification documents that verify the individual to be identified (each Beneficial Owner identified in Sections 2 and 5 (if applicable)). Please provide either:

- ONE Primary Photographic Identification Document **OR**
- ONE Primary Non-Photographic Identification Document **AND** ONE Secondary Identification Document **PLUS**
- ONE Original Certified copy of at least one of the following documents:
  - Trust Deed and all amendments (if applicable) where names of the Trust, Trustees, beneficiaries, settlor(s) and execution page is evident
  - Settlement Deed or other document that contains a declaration of Trust where the names of the Trust and/or settlor(s) are evident
  - A letter from a solicitor or qualified accountant on a letterhead that confirms the following details of the Trust:
    - Trust name
    - Establishment date
    - Governing state
    - Settlor (if applicable)
    - Trust ABN if applicable
    - Trust type
    - Full name of beneficiaries **AND** beneficiary class (if any)
    - Trustee name(s)
    - Beneficial Owners

**Note:** Beneficial Owners of Trustee are considered Beneficial Owners of the trust

For a detailed list of certified documents and certifiers, go to [www.rams.com.au/kyc](http://www.rams.com.au/kyc) and then go to **FAQ section – How do I certify my identity?**

## EXAMPLES

ONE Primary Photographic Identification Document (all information on documents must be clear and legible), for example:



I, Sam Sample, as a Medical Practitioner, certify that this Driver Licence, is a true copy of the original.





1 February 2024

Driver Licence certified and signed by Medical Practitioner.




## EXAMPLES CONTINUED

ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document (all information on documents must be clear and legible), for example:

|  |  |   |  |
|--|--|---|--|
| <b>BIRTH CERTIFICATE</b><br>1. CHILD<br>Family name: <b>EXAMPLE</b><br>Given name(s): <b>CHARLIE</b><br>Date of birth: <b>1 January 1987</b><br>Place of birth: <b>Sample Hospital, Sydney</b> |  | <br><b>1234 56789 1</b><br><b>1 Frankie Charlie Example</b><br>VALID TO <b>12/2025</b> | I, Sam Sample, as a Medical Practitioner, certify that this Australian Birth Certificate and Medicare card, is a true copy of the original.<br><br><br><b>1 February 2024</b> |
| 2. MOTHER<br>Family name: <b>EXAMPLE</b><br>Maiden family name: <b>BROWN</b><br>Given name(s): <b>LOUISE</b><br>Date of birth: <b>15 June 1945</b><br>Place of birth: <b>Sydney, NSW</b>       |  |   |  |
| 3. FATHER<br>Family name: <b>EXAMPLE</b><br>Given name(s): <b>DAVID</b><br>Date of birth: <b>27 June 1945</b><br>Place of birth: <b>Melbourne, VIC</b>   |  |   |  |
| 4. MARRIAGE OF PARENTS<br>Date of marriage: <b>23 August 1985</b><br>Place of marriage: <b>Sydney, NSW</b>   |  |   |  |
| 5. PREVIOUS CHILDREN OF THE MARRIAGE<br>Not any  |  |   |  |
| 6. INFORMANTS<br>Name: <b>G. EXAMPLE</b><br>Address: <b>1 Smith Street, Sydney, NSW 2000</b><br>Relationship: <b>Father</b>  |  |   |  |
| 7. REGISTERING AUTHORITY<br>Name: <b>Peter Owen, Registrar</b><br>Date: <b>1 January 1987</b>  |  |   |  |
| 8. ENDORSEMENTS<br>Not any   |  |   |  |

Birth Certificate and Medicare card certified and signed by Medical Practitioner.

The certified verification document needs to include the name of the Trust. Please see below for an example of certified verification document:

|  |  |   |
|--|--|---|
| <b>Trust Deed</b><br>This deed made the 1 March 2005<br><b>Parties Name of Trust:</b> The Smith Trust<br><b>Address of Trust:</b> 123 Sample Street, Sydney, NSW, 2000<br><b>Trust ABN:</b> 12 345 678 901<br><b>Trust type:</b> Discretionary trust<br><b>Beneficiaries:</b><br>1. Frankie Charlie<br>2. Sam Jones<br>3. Bhavja Kumar<br>4. Paul Smith<br>Hereinafter collectively referred to as<br>"The Trustees" Executed as a deed 1 March 2005<br><b>Signed, sealed and delivered by:</b><br><br>Frankie Charlie<br><b>Witness signature:</b> <br><b>Witness name:</b> Chidi Abara |  | I, Sam Sample, as a Medical Practitioner, certify that these Minutes of the Annual General Meeting, are a true copy of the original.<br><br><br><b>1 February 2024</b> |
|--|--|---|

Minutes of Annual General Meeting certified and signed by Medical Practitioner.



## Customer Verification Form – Trusts

### BANK USE ONLY

Kindly check all sections of the form are completed and signed. Please check all required documents are certified correctly. The completed form and certified identification will need to be forwarded to [serviceexcellence-idv@rams.com.au](mailto:serviceexcellence-idv@rams.com.au) after completing the Employee Declaration.

#### Employee Declaration.

I have followed the process for identification and verification as required by policy and procedure and have verified the required information provided by the customer using approved verification source(s). Where the verification source has been provided by the customer the document is to the best of my knowledge a certified copy.

Employee signature

Employee full name (print)

Employee salary number

Date

### ACCESSIBILITY SUPPORT

You can inform us how you would prefer to be contacted. If you are deaf and/or find it hard hearing or speaking with people who use a phone, you can reach us through the National Relay Service (NRS). To use the NRS, you can register by scanning the QR Code or visiting [accesshub.gov.au/about-the-nrs](https://accesshub.gov.au/about-the-nrs)



Visit <https://www.rams.com.au/contact-us/accessibility-and-inclusion/> for further information on our accessible products and services for people with disability.

'QR Code' is a registered trademark of Denso Wave Incorporated.