

Lifeplan Investor Identification

INDIVIDUALS AND SOLE TRADERS



The information requested below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML). The information collected will be used to verify your personal details. In accordance with the Anti-Money Laundering laws, if you do not provide the information or if we require additional information to be collected we will contact you for further information and we will:

- Delay the start of your investment/withdrawal of funds until we are satisfied with the information received, or
- Refund your contribution or refuse to withdraw funds from your investment.

One form is to be completed by each investor or by an adviser on the investor's behalf.

Please use BLACK INK and print within the boxes in CAPITAL letters. Mark all answer boxes with a cross (X).

1A. INDIVIDUAL PERSONAL DETAILS

Title	Mr	<input checked="" type="checkbox"/>	Mrs	<input checked="" type="checkbox"/>	Ms	<input checked="" type="checkbox"/>	Miss	<input checked="" type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Given names	<input type="checkbox"/>																										
Surname	<input type="checkbox"/>																										
Residential address	<input type="checkbox"/>																										
Suburb	<input type="checkbox"/>																										
State	<input type="checkbox"/>	<input type="checkbox"/>																Postcode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

1B. SOLE TRADER PERSONAL DETAILS (Also complete this step if you, the individual, is a sole trader.)

Full business name	<input type="checkbox"/>																		
ABN (if any)	<input type="checkbox"/>																		

2. INDIVIDUAL/SOLE TRADER IDENTIFICATION PROCEDURES

- Verify the individual's full name; and **EITHER** their date of birth **or** residential address.
- Complete **EITHER** Part **A** or Part **B**. (Note: Part **B** should only be completed if the individual does not own a document from Part **A**.)
- If the individual is unable to provide the required documents contact Lifeplan Customer Services on 1300 1300 38.
- Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator.
- Each page of a copied document must be certified as a true copy (Refer to page 2 for details).

PART A – INITIAL ID REQUIREMENTS (Document must show photo and signature of the person.)

Select only one option from this section, go to step 3 once completed.

- Australian State/Territory or foreign current driver's licence showing a photograph.
- Australian passport (must not have expired more than 2 years previously).
- Card issued under a State or Territory for the purpose of proving a person's age, card must also show a photograph.
- Foreign passport or similar travel document showing a photograph and containing a signature.
- National identity card issued by a foreign government showing a photograph of the person in whose name the card is held.

PART B – ADDITIONAL ID REQUIREMENTS (Two documents required, one from each section.)

Select one option from this section.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Australian or foreign birth certificate/extract | <input checked="" type="checkbox"/> Australian or foreign citizenship certificate |
| <input checked="" type="checkbox"/> Pension card issued by Centrelink | <input checked="" type="checkbox"/> Health card issued by Centrelink |

AND one option from this section.

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and which contains a name and residential address.
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or from the Commonwealth and which contains a name and residential address.
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services and contains a valid name and residential address.
- If under the age of 18, a notice that:
 - Was issued by a school principal within the preceding 3 months; and
 - Contains a valid name and residential address; and
 - Records the period of time that the person attended the school; or
 - A Medicare card if the child does not attend school.



3. INDIVIDUAL/SOLE TRADER DECLARATION

We have no reason to suspect that the contribution lodged with the application or any subsequent contributions is or will be derived from or related to any money laundering, terrorism financing or other illegal activities. A certified copy of each document is to be attached to this completed form (do not send originals). Each page of a copy must be certified as a true copy. Please sign here confirming that all information being forwarded is correct.

Signature

Date

Persons who may certify documents

A certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

- A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described).
- A judge of a court or a magistrate.
- A chief executive officer of a Commonwealth court.
- A registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A police officer.
- An agent of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
- An officer with 2 or more continuous years of service with one or more financial institution (for the purposes of the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

The certifier must:

Write the following wording, or similar, on the copy of your documents:

Example, for identity verification documents that contain a photograph of you "I certify that I have seen the original documentation and that the photograph is a true likeness and this copy is a complete and accurate copy of that original."

Example, for other identity verification documents "I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original."

Sign and date each page of the photocopy.

Add their name in block capitals along with their position/capacity, address and daytime contact telephone number (not a mobile phone). The certifier may be contacted by Lifeplan.

Add the official stamp of their office, if possible.

OFFICE USE ONLY			
Document Details			
<input checked="" type="checkbox"/> Original Viewed	<input checked="" type="checkbox"/> Certified Copy Viewed	<input checked="" type="checkbox"/> Attached	<input checked="" type="checkbox"/> Not Attached
INFORMATION	Document 1	Document 2 (if required)	
ID Document Details	<input type="text"/>	<input type="text"/>	
Document Issuer	<input type="text"/>	<input type="text"/>	
State/Country of Issue	<input type="text"/>	<input type="text"/>	
Issued Date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	
Expiry Date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	
Document Number	<input type="text"/>	<input type="text"/>	
English Translation Required	Sighted <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sighted <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signed by	<input type="text"/>	Date	<input type="text" value="DDMMYYYY"/>
Policy No.	<input type="text"/>	EV Checked	<input type="text"/>

