



Beneficiary 1

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

Beneficiary 2

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

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

1D. TRUSTEE DETAILS (ONLY COMPLETE IF "OTHER TRUST TYPE" IS SELECTED IN STEP 1B)
 Do not complete if the trust is a registered managed investment scheme, regulated trust (eg. SMSF) or government superannuation fund.

How many trustees are there?

Please provide full name and address of each trustee below.

Trustee 1

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State Postcode

Country

Trustee 2

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State Postcode

Country





Trustee 3

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State Postcode

Country

Trustee 4

Title Mr Mrs Ms Miss Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State Postcode

Country



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

Trustee Identification

The identification process is required for one trustee (either an individual or company). Please go to lifeplan.com.au or call 1300 1300 38 for the relevant company or individual investor identification form.

2. TRUST IDENTIFICATION PROCEDURES

If a registered managed investment scheme, regulated trust (eg. SMSF) or government superannuation fund is selected in step 1B, verify in **part A**:

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

PART A – ACCEPTABLE ID DOCUMENTS (To verify the trust.)

Select one of the following options used to verify the trust.

- A search of the ASIC, ATO or relevant regulator’s website (eg. “Super Fund Lookup” at www.abn.business.gov.au).
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

If other trust type is selected in step 1B, verify in **part B**.

PART B – ACCEPTABLE ID DOCUMENTS (To verify the trust.)

Select one of the following options used to verify the trust.

- An original or certified copy or certified extract of the trust deed.
- A notice issued by the Australian Taxation Office within the last 12 months (eg. a Notice of Assessment). Block out the TFN before scanning, copying or storing this document.
- A letter from a solicitor or qualified accountant that confirms the name of the trust.
- A Disclosure Certificate. Please contact Lifeplan Customer Services on 1300 1300 38 for details.

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





3. TRUST DECLARATION

I/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.

I confirm that a Lifeplan Investor Identification for Individuals and Sole Traders form has also been completed for each Individual trustee listed.

I confirm that a Lifeplan Investor Identification for Companies form has also been completed for each Australian Company trustee listed.

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

Original Viewed Certified Copy Viewed Attached Not Attached Performed Search

INFORMATION

	Document 1	Document 2 (if required)
Document Issuer/Website	<input type="text"/>	<input type="text"/>
Issued/Search 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"/>



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