

# Lifeplan Customer Identification

## PARTNERSHIPS



This information requested below is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) and any related rules, regulations and other instruments in each case as in force from time to time (AML Act). The information collected will be used to identify you and so we can verify your identity. In accordance with the AML Act, 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 may:

- Delay the opening of your account or the provision of all or part of your loan until we are satisfied that the information received identifies you or that we have verified your identity, or
- Refund your funds.

**One form is to be completed by each customer or by a broker on the customer's behalf.**

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

### 1A. PARTNERSHIP INFORMATION

Partnership name

Full business name  
(as registered under law)

ABN (if any)

Country where  
partnership established

### 1B. TYPE OF PARTNERSHIP

Is your partnership regulated by a professional association?

Yes Association name

If you answered "Yes" to the above question please proceed to step 2.

No How many partners are there?

Please provide full name and address of each partner below.

### 1C. PARTNERSHIP DETAILS (ONLY COMPLETE IF PARTNERSHIP NOT REGULATED BY A PROFESSIONAL ASSOCIATION)

#### Partner 1

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

Residential address  
(not PO Box)

Suburb

State  Postcode

Country

#### Partner 2

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

Residential address  
(not PO Box)

Suburb

State  Postcode

Country

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



## 1D. INDIVIDUAL IDENTIFICATION PROCEDURES (FOR ONE OF THE PARTNERS WE NEED TO COLLECT AND VERIFY THE KYC INFORMATION THAT IS REQUIRED FOR AN INDIVIDUAL)

- 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 3 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 2 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 type="checkbox"/> Australian or foreign birth certificate/extract | <input type="checkbox"/> Australian or foreign citizenship certificate |
| <input type="checkbox"/> Pension card issued by Centrelink               | <input 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.

## 2. PARTNERSHIP IDENTIFICATION PROCEDURES

### **PART A – ACCEPTABLE ID DOCUMENTS** (To verify partnership name.)

**Select one of the following options used to verify the partnership.**

- An original, a certified copy or certified extract of the partnership agreement.
- A certified copy or a certified extract of minutes of a partnership meeting.
- A search of the relevant ASIC or other regulator's database.
- A notice issued by the Australian Taxation Office within the last 12 months (eg. Notice of Assessment). Block out the TFN before scanning, copying or storing this document.
- An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

### **PART B – ACCEPTABLE ID DOCUMENTS** (To verify membership of a professional association.)

**Select one of the following options used to verify the partnership.**

- An original current membership certificate (or equivalent).
- Membership details independently sourced from the relevant association.
- 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. PARTNERSHIP DECLARATION

I/We have no reason to suspect that the deposit lodged with the application or any subsequent deposits are or will be derived from or related to any money laundering, terrorism financing or other illegal activities.

I confirm that a Lifeplan Customer Identification for Individuals and Sole Traders form has also been completed for each partner 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 (Not for broker use. Brokers go to step 4.)

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:

**X 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."

**X Sign and date each page of the photocopy.**

**X 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.**

**X Add the official stamp of their office, if possible.**



#### 4. BROKER DECLARATION

BROKER USE ONLY

I declare that:

- I have sighted the
  - Original identification documents, or
  - Certified copies of the identification documents, detailed above (as indicated).
- The customer identification was conducted in accordance with the procedures in the Accreditation Agreement.
- I have successfully completed the AML/CTF training provided by the Mortgage & Finance Association of Australia.
- Copies of the documents sighted are attached and submitted with this Customer Identification.

Identification sighted by

Broker

Signed by  Date

OFFICE USE ONLY

**Document Details**

Original Viewed    Certified Copy Viewed    Attached    Not Attached    Performed Search

INFORMATION	Document 1	Document 2 (if required)
AFSL Number	<input type="text"/>	<input type="text"/>
Document Issuer	<input type="text"/>	<input type="text"/>
Issued/Search Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

