

# Collection and Verification of Know Your Customer Information for Trusts

## Purpose of this form:

The Commonwealth Bank of Australia is collecting your organisation and its related parties' information in order to comply with its regulatory obligations, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. This form will assist the Bank to collect and verify your organisation's details. This form is not intended to be used as an application for any of the Bank's products or services.



## Guide to completing this form:

This form applies to trusts, including Self-Managed Superannuation Funds & Estates. It does not apply to any other organisation types.

All fields marked with \* are mandatory.



## Who can complete this form?

Any individual who currently holds one of the following roles:

- Trustee
- Beneficiary
- Appointer
- Principal

If your trust has a corporate trustee, any individual that holds one of the following roles in the trustee company can also complete the form:

- Director
- Secretary
- Shareholder

**Please note:** If any of the officeholders or shareholders have changed, please ensure ASIC has been updated.

## Section 1: Trust Information

Full Name of the Trust or Estate\*

Industry information\* – what is the primary business/purpose of the trust?

Full Business Name (if any)

Australian Business Number (ABN) (if any)

Was the Trust or Estate established in Australia?\*

Yes No ▶ If No, please provide the country where the trust was established:

What type of trust is it?\*

Registered Trust subject to the regulatory oversight of a Commonwealth statutory regulator (e.g. APRA) in relation to its activities as a Trust (including self-managed superannuation funds). Please provide name of regulator (e.g. ATO for self-managed superannuation funds)

Deceased Estate

Other Trust type (discretionary/family trust, unit trust, testamentary trust)

Trust description:

Is the organisation Not For Profit?\*

Yes ▶ Please provide industry/sector:

No

Is the organisation operating as a charity?\*

Yes ▶ What is the objective/purpose of Charity? (e.g. vocational training for disabled, persons, assistance for tsunami victims, building fund for a particular school or institution etc.):

No

## Section 1: Trust Information (continued)

Is the Trust's or Estate's primary business activity investing?\*

Tick **Yes** if the organisation earns more than 50% of its total income from investing activities (e.g. rent, interest or dividends), or more than 50% of the trust's assets produce or are held for producing investment income.

Yes      No

## Section 2: Settlor and Beneficiary Information

Complete only if 'Other Trust type' was selected; was the 'settled/settlement sum' \$10,000 or more?

Yes ▶ Please provide name of settlor (not required if settlor is deceased):

No

Please provide the full name of each beneficiary and/or type of membership class in the Membership Class section below\*:

Full name of Beneficiary 1

Full name of Beneficiary 2

Full name of Beneficiary 3

Membership Class – details of membership class(es) (if any)

**Note:** If there are additional beneficiaries/membership class(es), please provide details on the additional space at the end of the form.

## Section 3: Trustee, Executor, or Administrator Details

How many trustees, executors or administrators are there?

### Individual Trustee(s), Executor(s), or Administrator(s)

Trustee, Executor or Administrator 1

First Name

Middle Names (if any)

Surname

Date of Birth (DD/MM/YYYY)

Trustee, Executor or Administrator 2

First Name

Middle Names (if any)

Surname

Date of Birth (DD/MM/YYYY)

**Note:** Individual Trustee(s) provided may be required to provide further identification. If there are additional individual trustees, please provide details on the additional space at the end of the form.

### Company Trustee(s), Executor(s), or Administrator(s)

Full Name of Company

**A. Are there any individuals who own 25% or more of the shares in the company, either directly or indirectly?**

Yes ▶ Provide details of all individuals below.

No ▶ Please answer Question B.

**B. If no individual owns 25% or more of the shares in the company, are there any individuals who control 25% or more of the shares in the company, either directly or indirectly, for example through voting rights**

Yes ▶ Provide details of all individuals below.

No ▶ In that case, in the section below provide details of any individuals who controls the Company through their capacity to determine decisions about financial and operating policies (including but not limited to the CEO, Managing Director, CFO etc.)

**Note:** Beneficial Owners provided below may be required to provide further identification. If there are more than four Beneficial Owners, please provide details on the additional space at the end of the form.

### Section 3: Trustee, Executor, or Administrator Details (continued)

#### Beneficial Owner 1\*

First Name	Middle Names (if any)
Surname	Date of Birth (DD/MM/YYYY)

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#### Beneficial Owner 2

First Name	Middle Names (if any)
Surname	Date of Birth (DD/MM/YYYY)

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#### Beneficial Owner 3

First Name	Middle Names (if any)
Surname	Date of Birth (DD/MM/YYYY)

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#### Beneficial Owner 4

First Name	Middle Names (if any)
Surname	Date of Birth (DD/MM/YYYY)

### Section 4: Documentation Requirements

Please be aware that you may be asked to provide a **wet ink copy of Certified or Original** of one of the applicable documents listed below to your local CommBank branch:

#### Other Trust Types:

- Deed of Trust (this must have most up-to-date Trust and Trustee Name, if either has since changed, you will also need to supply relevant Deed(s) of Amendment or Variation)
- An ATO issued physical notice or letter from the past 12 months (note: Self Service digital Tax Returns are not acceptable)

#### Estates:

- Will or Probate of the deceased

#### Testamentary Trusts:

- Deed of Trust (this must have most up-to-date Trust and Trustee Name, if either has since changed, you may also need to supply relevant Deed(s) of Amendment or Variation)
- The will under which the Testamentary Trust was established

#### Self-Managed Superannuation Funds:

SMSFs that does not currently hold the 'Complying' or 'Registered' statuses, may need to provide:

- Deed of the SMSF (this must have most up-to-date Trust and Trustee Name, if either has since changed, you may also need to supply relevant Deed(s) of Amendment or Variation)
- An ATO issued physical notice or letter from the past 12 months (note: Self Service digital Tax Returns are not acceptable)

You can check the status of your SMSF by searching Super Fund Lookup using the name of the SMSF or ABN (Australian Business Number) issued to the SMSF.

## Section 5: Privacy

### Our Privacy Policy

Visit [commbank.com.au/privacy](http://commbank.com.au/privacy) for our most up to date privacy policy or ask for a copy at any CommBank Branch.

It tells you about:

- Other ways and reasons we may collect, use or share your information.
- How to access your information and correct it if it's wrong.
- How to make a privacy-related complaint (including about our compliance with the Australian Privacy Principles and credit reporting rules and codes) and how we'll deal with it.

### Want to speak to us about your privacy?

Phone: 1800 805 605 or +61 2 9841 7700 from overseas 8:30am – 6pm (AEST) Monday to Friday

Fax: 1800 028 542 or +61 2 9841 7700 from overseas

To make a privacy related complaint visit [commbank.com.au/feedback](http://commbank.com.au/feedback) or write to us:

CBA Group Customer Relations,  
Reply Paid 41,  
Sydney NSW 2001

## Section 6: Declaration

### Customer Declaration

This declaration is to be signed by an authorised representative of the entity.

I understand and acknowledge that the law requires applicants to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information or documents in connection with the provision of financial services and making, possession or use of a false document in connection with an identification procedure.

Where applicable, I have obtained consent of any individual(s) whose personal information is provided in the application. In addition, those individuals have authorised the collection, use or exchange of their information in accordance with our Privacy Policy.

Where applicable, I certify that I am authorised by, and have the consent to provide this information on behalf of individual and the entity, and they have confirmed to me that the information provided about them is true and correct. I confirm I have made them aware that this information and information relating to the account may be provided to the tax authorities.

I declare that the details as shown on this form are complete and correct and that I will advise the Commonwealth Bank of Australia if these change.

I acknowledge the Commonwealth Bank of Australia may request additional document(s) per **Section 4: Documentation Requirements** or clarification if there are any further outstanding details required.

Name

Position

\*Signature

Date (DD/MM/YYYY)

## Space for Additional Information (if applicable)