

In accordance with the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006 and associated AUSTRAC rules, we are legally required to have verified the identity of the investor/s prior to providing the designated service (that is, arranging for the investor to invest in the SMA).

These forms are provided to collect the necessary customer information as required by AML Legislation to establish your identity. For your application to be processed, you must ensure that the relevant AML forms as well as your application is completed and forwarded to InvestSMART.

Electronic Verification

InvestSMART have partnered with Eidentity Pty Ltd to be able to conduct an electronic check to verify the identity of individuals. By completing certain sections of this investor identification form and providing us with information to establish your identity, you acknowledge and agree that this information will be used by InvestSMART to establish your identity via an electronic check.

Please note that some applications will require additional information that cannot be satisfied by an electronic. This will be stipulated on your relevant AML verification form.

Certified Document Verification

In the event you do not wish to participate in the electronic check or InvestSMART fail to verify your identity via that method, we are required to collect original certified documents that satisfy our legal obligations under this legislation.

These requirements vary for each application type and are outlined in the AML Certified Documents Guide.

Which AML applied to me?

The matrix below highlights the form that is applicable to each investor type. Please ensure that you read the form applicable to you and where relevant attach supporting document before sending it to InvestSMART.

AML IDENTITY VERIFICATION FORMS					
	Individual/Joint AML Verification	Trust with Individual Trustee AML Verification	Trust with Company Trustee AML Verification	Company AML Verification	Partnership AML Verification
Individual Application	✓				
Joint Application	✓				
Trust with Individual Trustee/s (Including SMSF)		✓			
Trust with Corporate Trustees (Including SMSF)			✓		
Company				✓	
Partnership					✓

If you need assistance with this form, please contact InvestSMART Financial Services:

1300 880 160

INVESTSMART.COM.AU

9/37 YORK ST,
SYDNEY NSW 2000

For Trust Applications we need to verify the identity of all Directors/Signatories of the Company Trustee as well as the Trust. Please complete, scan and email to invest@investsmart.com.au or alternatively complete and mail to InvestSMART Financial Services Pty Ltd, PO Box 744, QVB, NSW, 1230.

To verify the identity of the Directors of the Company Trustee InvestSMART can conduct an electronic check based upon details you provide in this form. However, if you select to not participate OR fail the electronic check you will need to provide original certified documents. The details of what you will need to provide can be found by referring to the AML Certified Documents Guide.

SECTION 1 - TRUST DETAILS

Full name of Trust / SMSF	
Country where Trust established	

1A - TYPE OF TRUST (SELECT ONE)

<input type="checkbox"/> Regulated Trust	Name of regulator e.g. ASIC, APRA, ATO (SMSF regulated by ATO)
<input type="checkbox"/> Other Trust type	Provide the Trust's ABN or registration/licensing details Go to 1b
<input type="checkbox"/> Registered Managed Investment Schemes	Trust description (e.g. Family, unit, charitable, estate Trusts only) Go to 1b
<input type="checkbox"/> Registered Managed Investment Schemes	Provide the Australian Registered Scheme Number (ARSN) Go to Section 2

1B - TRUST VERIFICATION OPTIONS (SELECT ONE OF THE FOLLOWING OPTIONS USED TO VERIFY THE TRUST)

<input type="checkbox"/> InvestSMART to perform a search of the ASIC, ATO or relevant website (e.g. "Super Fund Lookup" at www.abn.business.gov.au).
<input type="checkbox"/> Provide a Certified Copy of your Trust Deed (Cover page, Schedule page and Signature page).

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SECTION 2 - COMPANY TRUSTEE DETAILS

2A - COMPANY DETAILS

Full name as registered by ASIC							
ACN							
Registered office address				Principal place of business (if different to registered office)			
Street address (PO Box is not acceptable)				Street address (PO Box is not acceptable)			
Suburb				Suburb			
State		Postcode		State		Postcode	

2B - COMPANY TYPE (SELECT ONE)

<input type="checkbox"/> Proprietary ("Pty Ltd") Please provide Director(s) details (in 2d) AND the Shareholder details (in 2e) if applicable.	<input type="checkbox"/> Public Please provide Director(s) details (in 2d).
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2C - DIRECTOR DETAILS - COMPLETE FOR ALL DIRECTORS (PRINT MORE IF REQUIRED)

How many directors are there? _____

DIRECTOR/SIGNATORY 1 DETAILS

First Name		Email Address	
Middle Name		Residential Address	
Surname			
Date of Birth			



Electronic Verification Details: By completing these details, you provide consent for InvestSMART to verify your identity through an electronic check. It is recommended you provide details of at least 2 sources for the best chance of successful electronic verification.

Drivers Licence Electronic Verification Details

Licence Number		State Issued		Expiry Date	
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Australian Passport Electronic Verification Details

Passport Number		Place of Birth		Family Name at Birth		Country of Birth	
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Medicare Card Electronic Verification Details

Full Name on Card		Medicare Card Colour (Green/Blue/Yellow)	
Medicare Card Number (10 digits)		Individual Ref. Number (Number next to Name)	Expiry Date

Signature _____ Date _____

DIRECTOR/SIGNATORY 2 DETAILS

First Name		Email Address	
Middle Name		Residential Address	
Surname			
Date of Birth			



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Drivers Licence Electronic Verification Details

Licence Number		State Issued		Expiry Date	
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Australian Passport Electronic Verification Details

Passport Number		Place of Birth		Family Name at Birth		Country of Birth	
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Medicare Card Electronic Verification Details

Full Name on Card		Medicare Card Colour (Green/Blue/Yellow)	
Medicare Card Number (10 digits)		Individual Ref. Number (Number next to Name)	Expiry Date

Signature _____ Date _____

DIRECTOR/SIGNATORY 3 DETAILS

First Name		Email Address	
Middle Name		Residential Address	
Surname			
Date of Birth			



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Drivers Licence Electronic Verification Details

Licence Number		State Issued		Expiry Date	
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Australian Passport Electronic Verification Details

Passport Number		Place of Birth		Family Name at Birth		Country of Birth	
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Medicare Card Electronic Verification Details

Full Name on Card		Medicare Card Colour (Green/Blue/Yellow)	
Medicare Card Number (10 digits)		Individual Ref. Number (Number next to Name)	Expiry Date

Signature

Date

DIRECTOR/SIGNATORY 4 DETAILS

First Name		Email Address	
Middle Name		Residential Address	
Surname			
Date of Birth			



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Drivers Licence Electronic Verification Details

Licence Number		State Issued		Expiry Date	
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Australian Passport Electronic Verification Details

Passport Number		Place of Birth		Family Name at Birth		Country of Birth	
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Medicare Card Electronic Verification Details

Full Name on Card		Medicare Card Colour (Green/Blue/Yellow)	
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Signature

Date

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