

CUSTOMER IDENTIFICATION FORMASSOCIATIONS

Please note that we CANNOT process your application unless the information requested in this form has been provided.

If you are not an Association, you must download and complete the relevant customer identification form from www.perpetual.com.au/customer-id

Alternatively, to order a form or if you have any questions, phone: Investor Services 1800 022 033 Adviser Services 1800 062 725

About this customer identification form

This form has been designed to meet Perpetual's obligations under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML Act) to identify our customers.

The AML Act regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

This form also meets our customer identification obligations under the United States (US) Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Additional tax information is available on our website, at www.perpetual.com.au/tax.

Privacy

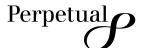
Perpetual is committed to protecting your privacy. By completing this form, you authorise us to collect your personal information. If you are completing this form as an adviser for another person, you confirm that you have provided them with this privacy notification and that they have consented to us collecting their personal information.

We collect, use and disclose your personal information in accordance with our privacy policy, which includes details about how you may request access to and correct the information that we hold about you. Our policy also outlines our privacy complaints process. This policy is publicly available at our website or you can obtain a copy free of charge by contacting us.

Checklist

You must complete the following steps to ensure your application is processed:
complete ALL required sections in this customer identification form
provide certified copies of document(s), as requested in this customer identification form, either to us or to your financial adviser
enclose this completed form with your completed investment application form and send to Perpetual.

Please provide your client ID number or account number (if you have one):



CUSTOMER IDENTIFICATION FORM ASSOCIATIONS

- This form is for ASSOCIATIONS.
- Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Association.
- Complete all applicable sections of this form in BLOCK LETTERS.

Section 1: Association details			
1.1: General information			
full name of Association			
Provide any ID number issued on incorporation (eg. registration / incorporation number)			
principal business activity			
Full name of the following (or equivalent in each case):			
Chairman / president			
first name(s) of officer (if applicable)			
last name			
Secretary			
first name(s) of officer (if applicable)			
last name			
Treasurer			
first name(s) of officer (if applicable)			
last name			
1.2: Association type			
Select ✓ only ONE of the following categories			
Incorporated Association			
Provide any ID number issued on incorporation (eg. registration / incorporation number)			
Unincorporated Association			

1.3: All Associations					
Select ✓ only ONE of the following	Select ✓ only ONE of the following				
Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.					
Principal place of administration address (PO Box is No.	OT acceptable)				
street					
suburb (if relevant) OR city	state postcode				
country					
	If a principal place of administration is provided proceed to section 1.4.				
Registered office address (PO Box is NOT acceptable)					
street					
suburb (if relevant) OR city	state postcode				
country					
	If a registered office is provided proceed to section 1.4.				
Name & residential address of the public officer (or pres	sident, secretary or treasurer if there is no public officer)				
first name(s)					
last name					
position					
Address (PO Box is NOT acceptable)					
street					
suburb (if relevant) OR city	state postcode				
country					
	Proceed to section 1.4				

1.4: Beneficial Ownership				
Provide the names of the Individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.				
Complete separate I	ndividual customer ID Forms for each of these individuals.			
1. first name(s)				
last name				
role (such as Chairr President				
2. first name(s)				
last name				
role (such as Chairr President				
3. first name(s)				
last name				
role (such as Chairr President				
Please Note: Beneficial Owner(s) must be listed above and Individual ID Forms completed for all Beneficial Owners. If there are more Beneficial Owners, provide details on a separate sheet and tick this box				
Section 2: Tax	information			
Collection of tax status	information in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting formation requested in this form is explained on our website at www.perpetual.com.au/tax.			
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Section 3: Association identification documents

Complete section 3.1 for Incorporated Associations or section 3.2 for Unincorporated Associations.

- If you are applying directly with Perpetual You will need to provide a certified copy of the document(s) with your application.
- If you are lodging this application through a financial adviser You may provide a certified copy with your application **OR** have your adviser sight an original or certified copy of your document(s) and complete the Adviser Record of Verification section in this form.

3.1: Incorporated Association identification documents				
at least ONE of the following:				
ne case of an incorporated Association a document provided by ASIC or the government responsible for the incorporation	on of			
original or certified copy of the constitution or rules of the Association				
priginal or a certified copy of minutes of a meeting of the Association.				

3.2: Unincorporated Association identification documents

Provide **ONE** of the following:

a search of a relevant government or regulator database (such as ABN lookup)

an original, certified copy or certified extract of the Constitution or Rules of the Association*

an original, certified copy or certified extract of the minutes of a meeting of the Association.*

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

How to certify your documents

A certified copy means a document that has been certified as a true and correct copy of a document by a person listed below, including all persons described in the Statutory Declarations Regulations 1993.

To create a certified copy, one of the persons listed below must write the following on the copy of the document.

'I, [full name], [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original. [signature and date]'

- An Australian bank, building society, credit union or finance company officer with a minimum of 2 years continuous service
- A fellow of the National Tax and Accountants' Association
- An Australian judge of a court, Justice of the Peace or magistrate
- An Australian legal practitioner
- A notary public
- An Australian medical practitioner including dentist, nurse, optometrist, pharmacist, physiotherapist, psychologist or veterinary surgeon
- A permanent employee or agent of the Australian Postal Corporation with a minimum of 2 years continuous service
- · An Australian federal, state or territory police officer

- A teacher employed on a full-time basis at an Australian school or tertiary education institution
- An accountant who is a full member of the Chartered Accountants Australia and New Zealand, CPA Australia, the Institute of Public Accountants or the Association of Taxation and Management Accountants
- An Australian Consulate or Diplomatic Officer
- An officer or authorised representative of an Australian Financial Services Licence holder with a minimum of 2 years continuous service with one or more licensees
- A person in a country other than Australia who is authorised by local law to administer oaths or affirmations or to authenticate documents (please list the local law providing this authority when certifying the document)

IMPORTANT: Please ensure that you have either

- provided the Individual customer ID Forms for the Association's Beneficial Owners as per 1.4 AND
- attached a legible certified copy of the ID documentation used to verify the Association and selected member (where applicable), including any required translations OR complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents.

Section 4: Record of verification procedure (Adviser use only)

This section is to be used by Advisers (Australian Financial Services (AFS) licensees only) when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1	Document 2 (if applicable)		
verified from	performed certified search original copy	performed certified search original copy		
document issuer / website				
document type				
issue date / search date	dd / mm / yyyy	dd / mm / yyyy		
accredited English translation	N/A sighted	N/A sighted		

By completing and signing this Record of Verification Procedure I declare that:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the Association's Beneficial Owners; AND
- the tax information provided is reasonable considering the documentation provided.

AFS licensee name	AFSL number	
representative / employee name	phone number	
signature	date verification completed	dd / mm / yyyy