

Collection and verification of Know Your Customer information

Informal trust, formal trust and self-managed superannuation funds

In this document, “the Bank”, “we”, “us” and “our” means Teachers Mutual Bank Limited (TMBL) and “you” means the person applying for or with one or more of our products and services.

What is this form for?

Teachers Mutual Bank Limited is collecting your organisation’s and its related parties’ information to comply with regulatory obligations including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

The form will assist Teachers Mutual Bank Limited to collect and verify your organisation’s details. The form is not for the application of any of the bank’s products or services.

How to complete this form

This form applies to trusts, including informal trusts, formal trusts and self-managed superannuation funds.

It is not to be used for any other organisation types.

Note: TMBL only accepts Australian trusts, the trust must be established in Australia.

All fields marked with (*) are mandatory.

Who can complete this form?

Any individual who currently holds one of the following roles in the organisation:

- ▶ Trustee
- ▶ Beneficiary
- ▶ Appointer
- ▶ Principal

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

- ▶ Director
- ▶ Secretary
- ▶ Shareholder

Note: If there has been any changes to officeholders or shareholders, ensure ASIC has been updated prior to submission as verification may be impacted if information is not reflected correctly.

Part 1: Trust information

Full name of the trust*

Full business name(s) (if applicable)

Australian Business Number (ABN) or Australian Company Number (ACN) (if applicable)

What type of trust is it?*

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

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

Trust description

Registered office address* (PO Box is not accepted)

Street no. & name

Suburb

State

Postcode

Place of business* (PO Box is not accepted)

Same as registered office address

Street no. & name		
Suburb	State	Postcode

Was the partnership established in Australia

Yes No Please specify which country

Primary Place of Operations*

Yes No Please specify which country

Is the organisation a not for profit?*

Yes, please provide industry/sector
 No

Is the organisation operating as a charity?*

Yes, please provide objective/purpose of charity
 No

Is the organisation's primary business activity investments?*

Yes, If organisation generates 50% or more of total income from investments (e.g. rent, interest or dividends), or 50% or more of the trust's assets produce or held for producing investment income.
 No

Source of wealth* - what is the business's main source of savings or investments?

- | | | |
|--|---|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Dividends and returns | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Funds from council | <input type="checkbox"/> Funds from government |
| <input type="checkbox"/> Funds from state | <input type="checkbox"/> Gifts | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Lottery or gambling winnings | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Pension or retirement funds | <input type="checkbox"/> Property sales | <input type="checkbox"/> Trust funds |

Source of funds* - where does the majority of money entering the business's account(s) come from?

- | | | |
|---|--|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Dividends and returns | <input type="checkbox"/> Employment income |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Investment income |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Rental income | <input type="checkbox"/> Sales of assets |
| <input type="checkbox"/> Savings | | |

Type of business relationship with TMBL* – what is the business's main reason for banking with us?

Transactional Savings Short-term borrowing Long-term borrowing Investment

Part 2: Trust tax information

Collecting the tax status of the organisation as required by the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

For more information, please visit the ATO's website (ato.gov.au/businesses-and-organisations/international-tax-for-business/working-out-your-residency)

Is the trust considered a tax resident of a country apart from Australia?*

Yes No

If yes, please provide details below*

Country	Tax identification number (TIN)
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If there is no TIN, please tick the reason why no TIN is provided

- Country of tax residency does not issue TINs to tax residents
 Trust has not been issued with a TIN
 Country of tax residency does not require the TIN to be disclosed

If more than one country, please add the additional countries in the additional information at the end of the form.

Part 3: Settlor and beneficiary information

Complete only if 'Other Trust Type' was selected

Was the settled/settlement amount \$10,000 or more?

- Yes, 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 section below:*

Full name of beneficiary 1
Full name of beneficiary 2
Full name of beneficiary 3
Full name of beneficiary 4

Membership class - details of membership class(es) (if any)

Note: If there are additional beneficiaries/membership class(es), please provide the details in the **Part 8: Additional information** at the end of the form.

Part 4: Trustee or executor details

How many trustees or executors there?

- Individual trustee(s), executor(s)

Note: Individual trustee(s) will be required to undergo full individual on-boarding and identification. If there are additional individual trustees, please provide the details in **Part 8: Additional information**.

Trustee or executor 1

Full given name(s)	Also known as (if applicable)	
Surname	Date of birth (DD/MM/YYYY)	
Customer number		
Street no. & name		
Suburb	State	Postcode

Trustee or executor 2

Full given name(s)	Also known as (if applicable)	
Surname	Date of birth (DD/MM/YYYY)	
Customer number		
Street no. & name		
Suburb	State	Postcode

- Company trustee(s) or executor(s)

Full name of company

1. 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 2

2. 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 this scenario, please provide details in the section below 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, CRO, etc)

For company(s) that are trustees, please complete the 'Collection and verification of Know Your Customer information for domestic company proprietary limited (PTY LTD) and domestic company limited (LTD)' form.

Note: Beneficial owners will be required to undergo full individual on-boarding and identification.

If there are more than four beneficial owners, please provide their details in **Part 8: Additional information**.

Beneficial owner 1*

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	

Beneficial owner 2

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	

Beneficial owner 3

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	

Beneficial owner 4

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	

Part 5: Additional documentation

Please be aware that you may be asked to provide an original or certified copy of one of the applicable documents listed below to your local TMBL branch:

Documents for other trust types:

- ▶ Deed of trust
 - ▶ Must have the latest version / up to date trust and trustee name, if either has been changed, you may need to provide a 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 accepted

Documents for testamentary trusts:

- ▶ Deed of trust
 - ▶ Must have the latest version / up to date trust and trustee name, if either has been changed, you may need to provide a relevant deed(s) of amendment or variation
- ▶ The will under which the testamentary trust was established

Documents for self-managed superannuation funds:

SMSFs that do not currently hold the 'complying' or 'registered' statuses, may need to provide:

- ▶ **Deed of the SMSF**
 - ▶ Must have the latest version / up to date trust and trustee name, if either has been changed, you may need to provide a 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 accepted

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

Part 6: Privacy

Please visit our privacy policy at tmbank.com.au/privacy for the latest privacy policy or request for a copy at any of our branches.

Privacy policy tells you:

- ▶ other methods and reasons we may collect, utilise or disclose your information.
- ▶ how to access your information and correct it if its incorrect.
- ▶ how to make a privacy related complaint (including our compliance with the Australian Privacy Principles, credit reporting rules and codes) and how we will deal with the complaint.

How to contact us

If you have any queries regarding privacy, use any of the methods set out below:

Teachers Mutual Bank Limited

- ▶ Phone: **1800 862 265**
- ▶ Email: **privacy@tmbl.com.au**
- ▶ Post: **GPO Box 5313, Sydney, NSW, 2001**

Part 7: Declaration

Customer's declaration

This declaration must be signed by an individual who is properly authorised to act for, and make declarations on behalf of, the entity named in this application.

I acknowledge that Australian law requires all applicants to provide information that is accurate, complete and truthful. This includes disclosing every name by which an individual or entity is ordinarily known. I understand that the law strictly prohibits the use of false, fabricated or misleading names, and forbids the creation, use, supply or presentation of false or misleading statements or documents in connection with financial services or any process used to verify identity.

Where this application includes personal information about any individual other than myself, I confirm that I have obtained that individual's permission to provide their details. I also confirm that those individuals have been notified of, and have agreed to, the collection, use and sharing of their personal information in accordance with the Privacy Policy of TMBL.

Where relevant, I certify that I am authorised by the individual(s) and by the entity to submit all information contained in this form. Those individuals have confirmed to me that the information relating to them is accurate and complete. I further confirm that I have informed them that their information, and information relating to the account, may be disclosed to taxation authorities when required under applicable law.

I declare that all information supplied in this form is complete, correct and current. I agree to notify TMBL immediately if any details change after submission.

- I acknowledge that Teachers Mutual Bank Limited may request additional documents or further clarification, including items listed in **Part 5: Additional documentation**, if further verification or information is required.

Name*	Position*
Signature*	Date (DD/MM/YYYY)*

Part 8: Additional information

Part 9: Office use only

Trust client ID

Trust verification documents

Document type	Document number	Document date

Authorised bank officer

I certify that the procedure to collect/verify the information for the trust have been complied with.

Bank officer's name

Staff number

Bank officer's signature

Date

Branch stamp / BSB

Returning this form



kycrefresh@tmb.com.au



Teachers Mutual Bank Limited,
Reply Paid 92325, Sydney NSW 2001