



ABN 95 092 989 083 | AFSL 247 100
 Participant of ASX, Cboe Australia, SSX & NSX

ANTI - MONEY LAUNDERING OBLIGATIONS

Trust Supplementary AML Form

Full Name of Trustee: _____

Full Name of Trust: _____

Account Number: _____ Client ID Number: _____

Due to AML changes taking place as of 1st January 2016, we need to understand the nature and purpose of your relationship with State One / Amscot. In order to do that, we need to ask you a few additional questions:

We require a copy of the trust deed:

Are the Trustees the beneficiaries?

| | |
|--------------------------------------|--|
| Type of Trust: | |
| Country where trust was established: | |
| Full Name of Settlor: | |
| Trust business activity / purpose: | |

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If No; please provide the details of the beneficiaries and any person or persons who can exercise control by making decisions about financial and operating policies (other than the trustee):

Beneficial Owner 1

Beneficial Owner 2

| | | | |
|-------------------------------|--|-------------------------------|--|
| Full Name: | | Full Name: | |
| Date of Birth: | | Date of Birth: | |
| Role or Class of Beneficiary: | | Role or Class of Beneficiary: | |
| Address Line 1: | | Address Line 1: | |
| Address Line 2: | | Address Line 2: | |

Beneficial Owner 3

Beneficial Owner 4

| | | | |
|-------------------------------|--|-------------------------------|--|
| Full Name: | | Full Name: | |
| Date of Birth: | | Date of Birth: | |
| Role or Class of Beneficiary: | | Role or Class of Beneficiary: | |
| Address Line 1: | | Address Line 1: | |
| Address Line 2: | | Address Line 2: | |



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For regulated trusts (e.g. Superannuation Funds) please complete:

| | |
|--|--|
| Regulator Details: (e.g ATO) | |
| ABN number or Regulated Licence Details: | |

Please advise the source of the funds? (Please tick one or more):

| Investment | Savings | Inheritance | Asset sale | Superannuation | Normal course of Business | Other – Please Specify |
|------------|---------|-------------|------------|----------------|---------------------------|------------------------|
| | | | | | | |

Please note this information is collected, used and disclosed in accordance with our privacy policy, which includes details about how you may request to access and correct any information that we hold about you. This policy is publicly available at our website: www.amscot.com.au.

For Each Trustee/Director and for Each Beneficial Owner/Controller we will require an ID check and a PEPs check.

For amscot Internal Use Only:

PEP –

| Yes | No |
|-----|----|
| | |

ID Check –

| Yes | No |
|-----|----|
| | |

amscot Representative: _____ Recorded Line number: _____

Date: _____ Time: _____