

Customer Identification Form Individual

1. How to use this form

Use this form to provide evidence of your identity to Diversa, when applying to join our Group Insurance Pools, or when you claim a benefit payment.

Applications for membership of the Diversa Group Insurance Pools and **benefit payments** from the Pools cannot be processed without this information.

Important steps to ensure your application / benefit payment is processed

- ✓ Please complete form using BLACK or BLUE ink only;
- ✓ The person who has provided their contact details in the member section of the application form must sign and date the completed customer identification form;
- ✓ A completed, signed application form from the product disclosure statement, together with the relevant client identification should be returned to either Diversa or your financial adviser; AND
- ✓ Suitable proof of Identity document(s), should be certified by the appropriate party as outlined in Section 2;
OR
- ✓ Your adviser (where applicable) can verify your identity on our behalf using this form.

Why does Diversa need customer identification?

Information requested in this identification form, is required to meet our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Refer to section 4 for details).

Who do we need to identify?

We need to verify the identity of:

1. the Pool member (individual/s, employer entity or super fund); and
2. the individual nominated contact person named on the membership application form (refer below).

The type of membership that is applied for will determine which nominated contact person we need to identify:

Individual Membership

- **Individual** - the insured person;
- **Joint members** - both the life insured and the other joint member.

Employer Membership

- **Company member** - the nominated contact company officer or employee;
- **Partnership member** - the nominated contact partner;
- **Sole Trader** - the business owner/or nominated contact person;
- **Discretionary or Family Trust** - the nominated contact trustee or employee.

Superannuation Fund Membership

- **SMSF member with a corporate trustee** - the nominated contact trustee director;
- **SMSF member with individual trustees** - the nominated trustee;
- **Public Superannuation fund** - the nominated person.

What are the ways that customer identity can be provided?

There are two ways that customer identity can be provided:

1. You can complete the details in this form and provide them to Diversa together with appropriate identity documentation; OR
2. Your adviser can verify your identity on our behalf using this form.

2. What are suitable proof of identity documents for Individuals?

A. Suitable proof of identity documents for an Individual

Please *provide a certified copy of one of the following* documents as proof of your identity:

- Current passport;
- Expired Australian passport (expired less than two years ago);
- Current driver's licence;
- Birth certificate/citizenship certificate;
- Photographic proof of age identity card issued under a law of a State or Territory; or
- National identity card issued by a foreign government, the United Nations or an agency of the United Nations.

Note: Every page of proof of identity and supporting documents must be certified as a true copy. If you are having difficulties meeting these identification requirements, please contact us.

Who can certify your documents:

- A Justice of the Peace;
- A police officer;
- A notary public officer;
- A permanent employee of Australia Post with five or more years of continuous service;
- A Finance company officer with five years of continuous service with one or more finance companies;
- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence who has five years continuous service with one or more licensees;
- A registrar or deputy registrar of a court;
- A legal practitioner, enrolled on the roll of a State or Territory Supreme Court or the High Court of Australia;
- An Australian consular officer or an Australian diplomatic officer;
- A judge of a court;
- A magistrate; or
- A Chief Executive Officer of a Commonwealth court.

Notes:

1. Copies of originals that are not certified by one of the above people will not be accepted.
2. To certify the documents, take the original document plus a photocopy to one of the people listed above, and ask them to certify that the photocopy is a true and correct copy of the original document.
3. The person will need to print their name, date and the capacity in which they are signing (e.g., Justice of the Peace (JP), postal agent, authorised representative).
4. Sample wording - I, (full name), as (category of persons listed above), certify that this (name of document) is a true and correct copy of the original (signature and date).

3. Anti Money-Laundering & Privacy

About the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML/CTF)

Customer Identification forms have been designed to assist identification of members and allow Diversa to meet its obligations under the AML/CTF legislation.

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF) regulates financial services and transactions in a way that detects and prevents money laundering and terrorism financing.

Under the AML/CTF Act, we are required to:

- Verify member's identities before providing services;
- Keep a record of identity documentation for seven years after the end of your association with Diversa.

Diversa has implemented a number of measures and controls to assist us to comply with our obligations under the law:

- Transactions may be delayed, blocked or refused where we have reasonable grounds to believe the transaction breaches the law or sanctions of Australia;

- Should transactions be delayed, blocked or refused we are not liable for any loss you suffer (including consequential loss as a result of our compliance with the AML/CTF Act; and
- Report on an ongoing basis, and where required by law, to regulatory agencies, including the Australian Transactions Reports and Analysis Centre (AUSTRAC) which is responsible for regulating the AML Act.

Privacy

By completing this form you consent to us collecting, disclosing and using your personal information. We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law. We only permit personnel associated with the Pool and its service providers to have access to your personal information. We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality. We will not disclose your personal information for marketing purposes to other entities unless you agree. If you would like more information, please contact us.

4. Customer Identification - Individual (Life Insured)

Personal Details

Title: _____ Surname: _____ Given Name(s): _____

Residential Address (P O Box is not acceptable):

Suburb: _____ State: _____ Postcode: _____

Daytime Phone Number: _____

5. Customer Identification - Joint Member

Personal Details

Title: _____ Surname: _____ Given Name(s): _____

Residential Address (P O Box is not acceptable):

Suburb: _____ State: _____ Postcode: _____

Daytime Phone Number: _____

Please return the completed form to:

Diversa Superannuation Services Limited, PO Box 3135, Willoughby North NSW 2068

If you have any questions regarding this form or your membership, please contact us on (02) 9924 6599 or by email admin@diversainsurance.com.au.

Option 1 - Verification Checklist - Forward directly to Diversa

Nominated Members

- *Individual - Life Insured*
- *Joint Member*

- ✓ Please send us certified copies of documents for each of you as detailed in Section 2, together with your completed, signed application form.
- ✓ Complete Part A and Part B telling us what documents you are sending

Personal Identification Document(s)

A certified photocopy of one of the following. **Please do not send originals.** Refer to Sections 1 and 2 for details of how to use this form and what documents are suitable for identifying you.

Part A - Individual (Life Insured)

Select ONE of the following:

- Current Passport;
- Expired Australian passport (expired less than two years ago);
- Current Driver's licence;
- Birth or citizenship certificate
- Photographic proof of age identity card issued under a law of a State or Territory; or;
- National identity card issued by a foreign government, the United Nations or an agency of the United

Part B - Joint Member

Select ONE of the following:

- Current Passport;
- Expired Australian passport (expired less than two years ago);
- Current Driver's licence;
- Birth or citizenship certificate
- Photographic proof of age identity card issued under a law of a State or Territory; or;
- National identity card issued by a foreign government, the United Nations or an agency of the United

Note: Every page of proof of identity and supporting documents must be certified as a true copy. If you are having difficulties meeting these identification requirements, please contact us.

Option 2 - Verification with Adviser Assistance

To the Adviser, please:

- Review the identity verification document(s) for your client;
- Provide details of which document(s) you have sighted;
- Complete and sign the declaration;
- Send this completed form (with the application form if appropriate) to Diversa (Refer page 3 of this form).

Financial Adviser - Record of Identity Documents Sighted

Verify the individual's full name; and either their date of birth or residential address

Individual - (Life Insured) ID Document Details

Verified from: Original Certified Copy

Document Name/Type: _____

Document Issuer: _____

Issue Date: (dd/mm/yyyy) _____

Expiry Date (dd/mm/yyyy) _____

Document Number: _____

Accredited English translation: Not applicable Sighted

Adviser Notes: _____

Joint Member ID Document Details

Verified from: Original Certified Copy

Document Name/Type: _____

Document Issuer: _____

Issue Date: (dd/mm/yyyy) _____

Expiry Date (dd/mm/yyyy) _____

Document Number: _____

Accredited English translation: Not applicable Sighted

Adviser Notes: _____

Financial Adviser Details & Declaration

Date verified (dd/mm/yyyy) _____

Financial Adviser's Name: _____

Daytime Phone Number: () _____

Adviser Business Name: _____

AFS Licensee Name: _____ AFSL Number: _____

I confirm that I have personally sighted the documents detailed above and verified the client's identity.

Adviser Signature: _____