

Diversa Group Life Pool - ARSN 149 439 841 Diversa Group Salary Continuance Pool - ARSN 149 439 681 PO Box 3135, Willoughby North

NSW 2068 Phone: (02) 9924 6599 Email: admin@diversainsurance.com.au

Website: www.diversainsurance.com.au Diversa Superannuation Services Limited AFSL No. 273321 ABN 77 107 165 962

# Customer Identification Form Self-Managed Superannuation Fund (SMSF)

### 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 SMSFs?

### A. Individual Trustee of a SMSF who is nominated to sign on behalf of the fund

To identify the 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.

#### AND

To identify the SMSF, please *provide a certified copy of one of the following* documents as proof of identity for the regulated SMSF:

- A notice issued by the Australian Taxation office (within the last 12 months) showing the Australian Business Number (ABN). For example:
  - an ATO notice of assessment;
  - an ATO notice of compliance; or
- Notice of Australian Business Number (ABN) for the SMSF (in first year of operation).

OR

# B. Director of the Corporate Trustee of a SMSF who is nominated to sign on behalf of the fund.

To identify the 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.

### AND

To identify the SMSF, please *provide a certified copy of one of the following* documents as proof of identity for a regulated SMSF:

- A notice issued by the Australian Taxation office (within the last 12 months) showing the Australian Business Number (ABN). For example:
  - o an ATO notice of assessment;
  - o an ATO notice of compliance; or
- Notice of Australian Business Number (ABN) for the SMSF (in first year of operation).

AND

To identify the SMSF corporate trustee, provide a certified copy of one of the following documents:

- Original or certified copy of the certificate of registration issued by ASIC; or
- · Current ASIC statement of company directors.

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 Identifica	tion - SMSF	
Full Name of SMSF:		
Year Established:ABI	N:	
Details of Company acting as C	Corporate Trustee of the SMSF (i	f applicable):
ACN:ABN:		
Full Trustee Name (as registered by	/ ASIC):	
Address (P O Box is not acceptable):	:	
Suburb:	State:	Postcode:
Details of Nominated Contact I	Person (Individual Trustees or Co	orporate Trustee):
Full Name:		
Residential Address (P O Box is not a	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 Contact Person (Individual Trustee or Corporate Trustee)

- ✓ Please send us certified copies of documents 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
- ✓ Only complete Part C if you have a *Corporate Trustee*

### Part A: Personal Identification Document

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.

and 2 for details of how to use this form and what documents are suitable for identifying you.
Select ONE of the following:
□ Current Passport;
☐ Expired Australian passport (expired less than two years ago);
□ Current Driver's licence;
☐ Birth or citizenship certificate
$\square$ Photographic proof of age identity card issued under a law of a State or Territory; or;
$\hfill\square$ National identity card issued by a foreign government, the United Nations or an agency of the United Nations
Part B: SMSF Identification Document
Select ONE of the following:
• A notice issued by the Australian Taxation office (within the last 12 months) showing the Australian Business Number (ABN) (e.g.):
☐ ATO notice of assessment;
☐ ATO notice of compliance;
Australian Business Number (ABN) notice (where SMSF is in first year of operation)
Part C: Corporate Trustee Identification Document
Please provide a certified copy of one of the following documents:
☐ Certificate of registration issued by ASIC;
☐ Latest ASIC statement of company directors
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.

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 Section 4 for the address).    Financial Adviser - Record of Identity Documents Sighted	Option 2 - Verification with Adviser Assista	nce
□ 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 Section 4 for the address).  Financial Adviser - Record of Identity Documents Sighted  Verify the individual's full name; and either their date of birth or residential address  Individual ID Document Details  Verified from: □ Original □ Certified Copy  Document Name/Type: □ □ Document Issuer: □ □ Sighted  Adviser Notes: □ □ Not applicable □ Sighted  SMSF ID Document Details  Verified from: □ Original □ Certified Copy  Document Name/Type: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	To the Adviser, please:	
□ Complete and sign the declaration; □ Send this completed form (with the application form if appropriate) to Diversa (Refer Section 4 for the address).  Financial Adviser - Record of Identity Documents Sighted  Verify the individual's full name; and either their date of birth or residential address  Individual ID Document Details  Verified from: □ Original □ Certified Copy  Document Name/Type: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	$\square$ Review the identity verification document(s) f	or your client;
□ Send this completed form (with the application form if appropriate) to Diversa (Refer Section 4 for the address).  Financial Adviser - Record of Identity Documents Sighted  Verify the individual's full name; and either their date of birth or residential address  Individual ID Document Details  Verified from: □ Original □ Certified Copy  Document Name/Type: □ Document Issuer: □ Sisue Date: (dd/mm/yyyy) □ Document Number: □ Sighted  Adviser Notes: □ Not applicable □ Sighted  SMSF ID Document Details  Verified from: □ Original □ Certified Copy  Document Name/Type: □ Document Issuer: □ Sighted  SMSF ID Document Sisuer: □ Sighted  Expiry Date: (dd/mm/yyyy) □ Sighted □ Sighted  SEMSF ID Document Name/Type: □ Sighted  Certified Copy  Document Name/Type: □ Sighted  Document Issuer: □ Sighted  Certified Copy  Document Name/Type: □ Sighted	☐ Provide details of which document(s) you have	sighted;
Section 4 for the address).  Financial Adviser - Record of Identity Documents Sighted  Verify the individual's full name; and either their date of birth or residential address  Individual ID Document Details  Verified from:	☐ Complete and sign the declaration;	
Individual ID Document Details   Certified Copy		n form if appropriate) to Diversa (Refer
Verified from:		
Document Name/Type:	Individual ID Document Details	
Document Issuer:	Verified from: ☐ Original	☐ Certified Copy
Issue Date: (dd/mm/yyyy)	Document Name/Type:	
Expiry Date (dd/mm/yyyy)	Document Issuer:	
Document Number:	Issue Date: (dd/mm/yyyy)	_
Accredited English translation:  Not applicable	Expiry Date (dd/mm/yyyy)	
Adviser Notes:	Document Number:	
SMSF ID Document Details  Verified from:	Accredited English translation:   Not applicable	☐ Sighted
SMSF ID Document Details  Verified from:	Adviser Notes:	
Verified from:		
Verified from:		
Verified from:		
Document Name/Type:  Document Issuer:  Issue Date: (dd/mm/yyyy)  Expiry Date (dd/mm/yyyy)  Document Number:  Accredited English translation: □ Not applicable □ Sighted	SMSF ID Document Details	
Document Issuer:	Verified from: □ Original	☐ Certified Copy
Issue Date: (dd/mm/yyyy)  Expiry Date (dd/mm/yyyy)  Document Number:  Accredited English translation: □ Not applicable □ Sighted	Document Name/Type:	
Expiry Date (dd/mm/yyyy)  Document Number:  Accredited English translation: □ Not applicable □ Sighted	Document Issuer:	
Document Number:  Accredited English translation: □ Not applicable □ Sighted	Issue Date: (dd/mm/yyyy)	_
Accredited English translation: ☐ Not applicable ☐ Sighted	Expiry Date (dd/mm/yyyy)	
	Document Number:	
Adviser Notes:	Accredited English translation:   Not applicable	☐ Sighted
	Adviser Notes:	

Corporate Trustee ID Document Details		
Verified from:	☐ 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:		
		<del></del>
Financial Adviser Details & Declaration		
Financial Adviser Details & Declaration		
Date verified (dd/mm/yyyy)		
Date verified (dd/mm/yyyy) Financial Adviser's Name:		
Date verified (dd/mm/yyyy)  Financial Adviser's Name:  Daytime Phone Number: ( )		
Date verified (dd/mm/yyyy)  Financial Adviser's Name:  Daytime Phone Number: ( )  Adviser Business Name:		
Date verified (dd/mm/yyyy)  Financial Adviser's Name:  Daytime Phone Number: ( )		
Date verified (dd/mm/yyyy)  Financial Adviser's Name:  Daytime Phone Number: ( )  Adviser Business Name:	AFSL Number:	
Date verified (dd/mm/yyyy)  Financial Adviser's Name:  Daytime Phone Number: ( )  Adviser Business Name:  AFS Licensee Name:  I confirm that I have personally sighted the document	AFSL Number: nts detailed above and verified	