

Authorised Signatory Form



Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**.
Mark appropriate answer boxes with a cross like the following .

Start at the left of each answer space and leave a gap between words.

Please phone Investor Services on **13 13 36** with any enquiries.

SAVE FORM

PRINT FORM

1 INVESTOR DETAILS

Account number

Account name

2 ADD NEW AUTHORISED SIGNATORIES

Fields marked with an asterisk (*) **must** be completed for the purposes of anti-money laundering laws.

AUTHORISED SIGNATORY 1

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Title (eg Director/Partner)

Date of birth*

Occupation*

Your main country of residence, if not Australia*

Residential address (PO Box is NOT acceptable)*

Unit number Street number

Street name

Suburb

State Postcode

Country

Contact phone number

Email address for authorised signatory 1

AUTHORISED SIGNATORY 2 (if applicable)

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Title (eg Director/Partner)

Date of birth*

Occupation*

Your main country of residence, if not Australia*

Residential address (PO Box is NOT acceptable)*

Unit number Street number

Street name

Suburb

State Postcode

Country

Contact phone number

Email address for authorised signatory 2

The contact details of the Authorised Signatory/ies will be used for security validations and to provide secure access to your account. For more information refer to the CFS Privacy Policy, which is available on our website at cfs.com.au/privacy.

2 ADD NEW AUTHORISED SIGNATORIES (CONTINUED)

Specimen signature of Authorised Signatory 1

Print name

Date signed

Specimen signature of Authorised Signatory 2 (if applicable)

Print name

Date signed

3 REMOVE AUTHORISED SIGNATORIES

AUTHORISED SIGNATORY 1

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Title (eg Director/Partner)

AUTHORISED SIGNATORY 2 (if applicable)

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Title (eg Director/Partner)

4 SIGNING AUTHORITY

If you have appointed more than one signatory, please select below whichever is applicable.

I/we authorise any one authorised signatory to act on my/our behalf (ie one signature required only)

OR

I/we authorise any two authorised signatories to act on my/our behalf

OR

I/we authorise authorised signatories to act on my/our behalf only if all signatures are provided

5 DECLARATION AND SIGNATURE

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au.

I/we request Avanteos Investments Limited (AIL) and Colonial First State Investments Limited (CFSIL) to add the Authorised Signatory(ies), whose details are noted above in **Section 2** to operate the accounts in the manner specified in **Section 4** above. By signing this form, I/we agree that these additional signatories are my/our agent for the purposes of operating the account and that I am/we are responsible for the actions of the Authorised Signatory(ies). I/we will notify AIL and CFSIL in writing to cancel this authority and this authority remains in force until the second business day after I have provided this cancellation. I/we confirm that the information on this form is true and correct

AND/OR

I/we authorise the revocation of the Authorised Signatory(ies) as identified in **Section 3**

ALL and CFSIL and/or its related entities will not be liable to me/us or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where AIL and CFSIL refuses to process a transaction.

Signature of company officer

Print name

Position

Date signed

Signature of company officer (if applicable)

Print name

Position

Date signed

Important information

Who can use this form?

This form can be used for organisations which do not want to have a Trustee on the account. Some examples include charities, clubs, branches, associations or societies.

These organisations are usually run by a committee which can include a president, secretary, treasurer etc. This form can also be used by a board which may have appointed a chairman, directors or partners.

How do I add a new signatory to the account?

Please complete sections 1, 2, 4 & 5, ensuring that a sample of the new authorised signatories signatures are provided and that section 5 is signed by existing authorised signatories on the account. Any new signatories will need to complete the identification and verification form (attached), so that we can establish their identity (see below information regarding anti-money laundering laws for further information).

How do I remove a signatory from the account?

Please complete sections 1, 3 and 5 ensuring that section 5 is signed by existing authorised signatories on the account. If it is not possible to get the resigning signatories signature, then please provide a certified copy of the Company Minutes showing the removal of the signatories.

Anti-Money Laundering and Counter-Terrorism Financing laws and Sanctions laws

We are required to comply with these laws, including the need to establish your identity (and, if relevant, the identity of other persons associated with your account) and accordingly hold such information. Instructions for completing the identification process are included with the application forms. Additionally, from time to time, we may require additional information to assist with this process and keep a record.

Where legally obliged to do so, we may disclose the information gathered about you to regulatory and/or law enforcement agencies, and we may not be able to tell you when this occurs. We may be unable to transact with you or other persons. This may include actions such as delaying, blocking, freezing or refusing to process a transaction, or ceasing to provide you with a product or service, if we have reasonable grounds to believe or suspect potential breaches of Australian and/or international laws or sanctions. This may impact on your investment and could result in a loss of income and principal invested. We will not incur any liability for any loss suffered if we are required to take one or more of these actions.

This document provides general information only and is not financial advice or a recommendation. It does not take into account your individual objectives, financial situation, needs or tax circumstances. Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 and issuer of FirstChoice range of super and pension products. Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the responsible entity and issuer of products made available under FirstChoice Investments and FirstChoice Wholesale Investments. You should read the relevant Product Disclosure Statement (PDS) and Financial Services Guide (FSG) carefully, assess whether the information is appropriate for you, and consider talking to a financial adviser before making an investment decision. You can get the PDS and FSG at www.cfs.com.au or by calling us on 13 13 36. The investment performance and the repayment of capital of AIL and CFSIL products is not guaranteed. The investments are subject to investment and other risks, including possible delays in repayment and loss of earnings.

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Identification and Verification Form – individuals

ADVISER USE ONLY

Please note: A separate form is required for each new signatory.

Full name of signatory

Financial advisers undertake identification and verification of a signatory by completing sections A to C of this form or by using other industry standard forms.

Otherwise, the signatory **must** complete section A of this form and provide certified copies of the ID documents (do not send original documents).

The list of the parties who can certify copies of the documents is set out below. To be correctly certified we need the ID documents to be clearly noted 'True copy of the original document'. The party certifying the ID documents will also need to state what position they hold and sign and date the certified documents. If this certification does not appear, you may be asked to send in new certified documents.

List of persons who can certify documents* (for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws):

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

* There are additional persons that can certify documents. A full list of persons who can certify documents is available in our forms library at cfs.com.au.

SECTION A: VERIFICATION PROCEDURE

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 Acceptable primary photographic ID documents

Cross Select ONE valid option from this section only

- | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Australian State/Territory driver's licence containing a photograph of the person |
| <input type="checkbox"/> | Australian passport (a passport that has expired within the preceding two years is acceptable) |
| <input type="checkbox"/> | Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person |
| <input type="checkbox"/> | Foreign passport or similar travel document containing a photograph and the signature of the person ¹ |

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¹ Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above. Please refer to www.naati.com.au for further information.

Part 2 Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Services Australia

Cross AND ONE valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A Notice of Assessment issued by the Australian Taxation Office within the preceding 12 months which contains the individual's name and residential address
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- If under the age of 18, a notice that was issued to the individual by a school principal within the preceding three months; and contains the name and residential address; and records the period of time that the individual attended that school

Part 3 Acceptable foreign photographic ID documents – should only be completed if the individual does not own a document from Part 1

Cross Select ONE valid option from this section only

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth¹
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued¹

SECTION B: RECORD OF VERIFICATION PROCEDURE

FINANCIAL ADVISER USE ONLY

IMPORTANT NOTE:

- Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below and DO NOT attach copies of the ID documents

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Expiry date	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

SECTION C: FINANCIAL ADVISER DETAILS – identification and verification conducted by:

By completing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

Date verified (dd/mm/yyyy)

Financial adviser name

Phone number

AFS licensee name

AFS Licence number

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