



Family Trust Membership Application Form

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ABN 77 087 650 217 AFSL/Australian Credit Licence 240807

| | | | |
|------|--|------------------------------------|--|
| Date | | Member Number (Office use only) | |
|------|--|------------------------------------|--|

I/we make the following disclosures about the trust:

| | |
|---|--|
| A: Trust Name | |
| Full name of trust from Trust deed e.g. Smith Family Trust | |
| Business name (if any) in respect of the trust | |
| B: Details of the class of beneficiaries | |
| Note: Family Trusts allow the trustee to distribute income to family members differentially, from year to year, in the trustee's discretion. These family members are referred to in the 'class of beneficiaries' in the trust deed. If unsure, check details with your accountant. | |
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|---|--|-------------|--|----------|------------|
| Details of the member (the Trustee) | | | | | |
| New Pty Ltd Company member – complete the following to apply for membership | | | | | |
| Membership confers rights and obligations under the Credit Union's Constitution, a copy of which you can obtain on request. | | | | | |
| Company's Name | | ACN | | | |
| Company's registered office (mandatory) | | | | | |
| Unit / Floor / Street No. | | Street Name | | | |
| Suburb / Town | | State | | Postcode | |
| Principal place of business if different from above | | | | | |
| Business Address | | | | | Post Code: |
| Email address | | Phone | | | |

| |
|---|
| List Directors & Signatories |
| <i>Instructions for completion: Please list each director and each signatory to the account. Please tick the relevant box in each disclosure which indicates the person's status as a director or a signatory. A person can be either or both of these, for example, for a single shareholder/director pty limited company there will be only one person disclosed who will be ticked as a director and as a signatory.</i> |

| | | | |
|--|--|---------------|--|
| Person 1 | | | |
| Title | | Home Phone | |
| Surname | | Daytime Phone | |
| Given Names | | Mobile Phone | |
| Membership No (if a member) | | Date of Birth | |
| Email Address | | | |
| Residential Address | | | |
| Post Code: | | | |
| Is this person: <input type="checkbox"/> a director <input type="checkbox"/> a signatory | | | |
| Specimen Signature if a signatory | | | |
| Date: | | | |

Person 2

| | | | |
|--|------------|---------------|--|
| Title | | Home Phone | |
| Surname | | Daytime Phone | |
| Given Names | | Mobile Phone | |
| Membership No (if a member) | | Date of Birth | |
| Email Address | | | |
| Residential Address | Post Code: | | |
| Is this person: <input type="checkbox"/> a director <input type="checkbox"/> a signatory | | | |
| Specimen Signature if a signatory | Date: | | |

Person 3

| | | | |
|--|------------|---------------|--|
| Title | | Home Phone | |
| Surname | | Daytime Phone | |
| Given Names | | Mobile Phone | |
| Membership No (if a member) | | Date of Birth | |
| Email Address | | | |
| Residential Address | Post Code: | | |
| Is this person: <input type="checkbox"/> a director <input type="checkbox"/> a signatory | | | |
| Specimen Signature if a signatory | Date: | | |

Person 4

| | | | |
|--|------------|---------------|--|
| Title | | Home Phone | |
| Surname | | Daytime Phone | |
| Given Names | | Mobile Phone | |
| Membership No (if a member) | | Date of Birth | |
| Email Address | | | |
| Residential Address | Post Code: | | |
| Is this person: <input type="checkbox"/> a director <input type="checkbox"/> a signatory | | | |
| Specimen Signature if a signatory | Date: | | |

| Controlling Persons | | | |
|--|-------------------|--------------------------------|--|
| <p>A. Please name each Controlling Person of the Trust. These include the appointor, the settlor, and each beneficiary. If the appointor is also a beneficiary only list them as appointor.</p> <p>B. For each Controlling Person specify the person's tax residency</p> | | | |
| A. Identify Controlling Persons | | | |
| Appointor | | | |
| Note: The Appointor is the individual who holds the power to appoint or remove the trustee. If unsure, please check with your accountant. | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |
| Settlor | | | |
| Note: The Settlor is the individual who settled the Trust by providing the settled sum to the Trustee. If unsure, please check with your accountant. | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |
| Beneficiary 1 | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |
| Beneficiary 2 | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |
| Beneficiary 3 | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |
| Beneficiary 4 | | | |
| Full Name | | | |
| Date of Birth | | Membership No (if a member) | |
| Residential Address | Post Code: | | |

B. Tax Residency of Controlling Persons

| Name of beneficial owner | Tax resident of Australia only | OR | Tax resident of each the following countries and not a tax resident of any other foreign country | |
|--------------------------|--------------------------------|----|--|--|
| | | | Country | Taxpayer Identification Number (TIN) * |
| Appointor | <input type="checkbox"/> | | | |
| Settlor* | <input type="checkbox"/> | | | |
| Beneficiary 1 | <input type="checkbox"/> | | | |
| Beneficiary 2 | <input type="checkbox"/> | | | |
| Beneficiary 3 | <input type="checkbox"/> | | | |
| Beneficiary 4 | <input type="checkbox"/> | | | |

* If you do not know the tax residency of the Settlor you may select 'Tax resident of Australia only' if, after reasonable enquiry, you have no reason to believe that the Settlor is a tax resident of a foreign country.

** The TIN is the taxpayer identification number used in the relevant country. If the Controlling Person does not have a TIN for a country he or she is a tax resident of please explain why, being either (A) the country does not issue TINs to residents or (B) other reason why the controlling person does not have a TIN (with explanation)

| Controlling Person | Country | Reason (A) or (B) | Explanation for (B) |
|--------------------|---------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Tax Residency of Entity

I certify that (please select one answer only):

the entity is a tax resident of Australia and not of any foreign country

OR

the entity is a tax resident of each of the following foreign countries and is not a tax resident of any other foreign country:

| Country | Taxpayer Identification Number (TIN) * |
|---------|--|
| | |
| | |

* The TIN is the taxpayer identification number used in the relevant country. If the entity does not have a TIN for a country it is a tax resident of please explain why, being either (A) the country does not issue TINs to residents or (B) other reason why the entity does not have a TIN (with explanation)

| Country | Reason (A) or (B) | Explanation for (B) |
|---------|-------------------|---------------------|
| | | |
| | | |

Company's Authorisation to Open Account

The Board of Directors of the company resolved that:

1. the company become a member of, and open an account with LCU.
2. the person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with the Credit Union.
3. where there are 2 or more signatories, the account signing authority will be as follows:

- Any One to Sign** **Any Two to Sign** **All parties to Sign**

By signing below I certify that:

- the above is a true copy of the resolution of the Board of Directors of the company
- the information provided, and statements made, in this form are to the best of my knowledge and belief correct and complete
- I am authorised by the company to sign this form on its behalf.

Yours faithfully

.....
Chair of the Board of Directors Please print name

How did you find out about LCU?

- Family Member** **Employer** **Referral** **Other**

Office Use Only

- Name of trust verified from trust deed / certified copy of trust deed (do **not** retain a copy of the Trust Deed)

- For Appointor** – Beneficial Owner Identification Procedure carried out and document(s) produced were:
.....
.....

Record of Identification Procedures for signatories who are not members

- For Signatory 1** – Member Identification Procedure - Individual carried out and document(s) produced were:
.....
.....

- For Signatory 2** - Member Identification Procedure - Individual carried out and document(s) produced were:
.....
.....

- For Signatory 3** - Member Identification Procedure - Individual carried out and document(s) produced were:
.....
.....

- For Signatory 4** - Member Identification Procedure - Individual carried out and document(s) produced were:
.....
.....

The law requires us to verify your identity when you open an account, change your name or when you become a signatory to an account. Photo ID like a passport and driver's license are preferable identity documents, however a full list of acceptable documents are available on our website www.lcu.com.au

If you are mailing a copy of your identification documents, photocopies will be accepted however they must be certified by a person on the certifier categories list. The certifier will need to sight the original documents by following the instructions in the certifier endorsement section below.

All signatories to the account must be identified, please supply identification documents for signatories who are not already members.

If you are presenting original documents at the LCU office then this certifier endorsement is not required

Certifier Categories

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner 2. Judge of a court 3. Magistrate 4. Chief executive officer of a Commonwealth court 5. Registrar or deputy registrar of a court 6. Justice of the peace/Commissioner for Declarations 7. Notary public 8. Police officer 9. Agent of the Australia Postal Corporation who is in charge of an office supplying postal services to the public | <ol style="list-style-type: none"> 10. Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public 11. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) 12. Officer with 2 or more continuous years of service with one or more financial institutions 13. Finance company officer with 2 or more continuous years of service with one or more finance companies 14. Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees 15. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants |
|--|---|

To be completed by the certifier (if applicable)

| Details of identification | |
|--|--------------------------|
| Full name of person being identified | |
| Type of documents certified | |
| Details of certifier | |
| Title | |
| Surname | |
| Given name(s) | |
| Occupation | |
| Category of certifier | |
| Certifier endorsement | |
| I have examined the original identification documents listed above | <input type="checkbox"/> |
| I have enclosed all certified copies of each document for LCU | <input type="checkbox"/> |
| I have endorsed each copy of the identification document with the following statement | <input type="checkbox"/> |
| This is to certify that this is a true copy of the original which I have sighted. Date, name, signed, title, registration number (if applicable). It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and/or misleading information. | |
| Certifier Signature | Date: |