

Anti – Money Laundering Obligations

Individual Supplementary AML Form

Please complete one form for each Individual

Full Name of Client: _____

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:

Please tell us the purpose of the Account? (Please tick one or more)

Purpose of Account

Savings	Income	Growth	Business Accounts	Retirement	Normal course of Business	Other – Please Specify

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

Source of Funds

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

Are you a US Citizen or a resident of the US for tax purposes?

Yes	No

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.stateone.com.au

For State One Internal Use Only:

PEP -

Yes	No

ID Check –

Yes	No

State One Representative: _____

Recorded Line number: _____

Date: _____ Time: _____