STATE ONE
STOCKBROKING LTD
Participant of ASX Group
AFSL 247 100
ABN 95 092 989 083

Level 14	Suite 407, Level 4
172 St George's Terrace	83 York Street
PERTH WA 6000	SYDNEY NSW 2000
PO Box 7625	
CLOISTERS SQUARE WA 6850	

E: advice@stateone.com.au

Anti – Money Laundering Obligations

Trust AML Form

Full Name of Trustee: _____

Full Name of Trust: _____

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:

We require a copy of the trust deed

Type of Trust:	
Country where trust was established:	
Full Name of Settlor:	
Trust business activity / purpose:	

Are the Trustees the beneficiaries?

Yes	No

If No please provide the details of the beneficiaries and any person or persons who can exercise control by making decisions about financial and operating policies (other than the trustee):

Beneficial Owner 1

Full Name:	
Date of Birth:	
Role or Class of beneficiary:	
Address Line 1	
Address Line 2	

Beneficial Owner 2

Full Name:	
Date of Birth:	
Role or Class of beneficiary:	
Address Line 1	
Address Line 2	

Beneficial Owner 3

Full Name:	
Date of Birth:	
Role or Class of beneficiary:	
Address Line 1	
Address Line 2	

Beneficial Owner 4

Full Name:	
Date of Birth:	
Role or Class of beneficiary:	
Address Line 1	
Address Line 2	

For regulated trusts (e.g. Superannuation funds) please complete:

| Regulator Details: (e.g. ATO) | |
| ABN number or Regulated Licence Details: | |

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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

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 Each Trustee/Director <u>and</u> for Each Beneficial Owner/Controller we will require an ID check and a PEPs check

For State One Internal Use Only:

PEP -

Yes	No

ID Check –

Yes	No

State One Representative: _____

Recorded Line number:_____

Date: _____ Time:_____