

American Express Foreign Exchange Services

Addendum C – Trusts

Please ensure that you save a copy on your desktop first before proceeding to complete the form.

To ensure efficient processing of your application request, please include all details about the Trustees (if more space is required, please attach as a separate document).

Please complete this form either:

- + **Electronically** by keying in details in the relevant fields. Use the tab key to move between fields. Once complete print the form to have it signed; or
- + **By printing a blank form**, completing the relevant fields in ink and signing once complete. Please use CAPITAL LETTERS.

SECTION 1 – Trust Details	
Trust Name	
Type of Trust <input type="checkbox"/> Family <input type="checkbox"/> Discretionary <input type="checkbox"/> Unit <input type="checkbox"/> Other:	Country where established
SECTION 2 – Individual(s) acting as a Trustee	
Trustee 1	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	
Trustee 2	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	
SECTION 3 – Company acting as a Trustee	
Full Company Name of the Trustee as registered by ASIC	
Registered Office Address (not a PO Box)	
City	Postcode
Principal Place of Business Address (not a PO Box) <input type="checkbox"/> Address same as above	
City	Postcode
ACN	ABN
Company Type <input type="checkbox"/> Public <input type="checkbox"/> Private/Proprietary	
List the details of all Company Directors	
Company Director 1	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	
Company Director 2	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	

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Company Director 3	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	
Company Director 4	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	
Beneficial Ownership	
<p>In the following sections, you will be required to record those with beneficial ownership & control. Please list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity. Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating policies or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not having legal or equitable force.</p>	
Appointer of the Trust	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)
Beneficial Owner 1	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)
Beneficial Owner 2	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)
Beneficial Owner 3	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)
Beneficial Owner 4	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Beneficial Owner 5	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Beneficial Owner 6	
Full Name	Position/Title
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Section 4 – Trust Beneficiaries

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes List the beneficiary class¹:

No Complete details of the beneficiary of the Trust below:

¹ A beneficiary class may include:

1. For a unit trust, holders of units in the trust
2. For a family trust, family members of a named person (give the person's name)
3. For a charitable trust, a description of the purpose of the trust

Please indicate the number of beneficiaries within the Trust

Trust Beneficiary as an Individual:

Trust Beneficiary 1	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Trust Beneficiary 2	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Trust Beneficiary 3	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)

Trust Beneficiary 4	
Full Name	
Residential Address (not a PO Box address)	
City	Postcode
Australian Driver Licence Number (if applicable)	Date of Birth (DD/MM/YYYY) / /
State/Country of Driver Licence (if applicable)	Ownership Percentage (%) (if applicable)



CHECKLIST - Please provide the following documents

1. Certified copy of the original Trust Deed.
2. Copy of a voided cheque and/or copy of a current bank statement.
3. Additional supporting documentation may be requested upon review of your application, for example:
 - a. a certified copy of a driver licence or certified copy of a passport and a utility bill issued within the last 3 months for the ultimate beneficial owner/s (including trustees, appointers and individuals identified as having beneficial control) of the entity.
 - b. Trade references, financial statements or documents to support the entity's wealth generation.

DECLARATION

Before you submit this form, check that you have provided true and correct information. It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to knowingly provide false, incomplete or misleading information.

I hereby declare that the details included in this Form Addendum C - Trusts are true and correct as at the date of this declaration.

Information about other individuals

You agree that where you have provided American Express with personal information about another individual in this application form, you will make sure that the individual has seen, understood and agreed to:

- + American Express receiving their personal information for the purposes for which American Express has collected the information,
- + their ability to access that information in accordance with the Privacy Act (and advise American Express if they think the information is inaccurate, incomplete or out-of-date), and
- + the contact details of the American Express Privacy Officer.

Signature of Authorised Officer of the Business

Full Name

Position (Individual Trustee/Director of Corporate Trustee)

Signature

Date Signed (DD/MM/YYYY) / /

Contact Us

Call 1300 554 884

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