

Please use this form to change your FIIG client account details including updating authorised signatories, contacts, company information and other investment account details. Complete the relevant sections as outlined below and ensure that an existing authorised signatory signs Section 3 to confirm the changes.

<b>Investment Entity Name:</b>	<input type="text"/>
<b>FIIG Custody Account Number:</b>	<input type="text"/>

To update personal details **go to section 1a & 3**

To add/remove account signatories please complete **sections 1a,b, c & 3**

To update corporate information please complete **sections 2 & 3**

## Section 1. Individual Details

### a) Authorised Member Contact Information

By providing the following information for individuals (including investors, directors, trustees and authorised signatories), FIIG is generally able to verify your identity via online electronic verification without asking you to provide certified copies of documents. For company accounts, two Directors' or Authorised Signatories' details are required, with the exception of Sole Director companies. If you are more than two investors, trustees, directors or authorised signatories, please complete all details.

<input type="checkbox"/> Update	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
---------------------------------	------------------------------	---------------------------------

<input type="checkbox"/> Update	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
---------------------------------	------------------------------	---------------------------------

INDIVIDUAL 1	
Given name(s)	<input type="text"/> <i>First</i> <input type="text"/> <i>Middle</i>
Surname	<input type="text"/>
Other Name	<input type="text"/>
Salutation (Mr, Mrs) & Date of birth	<input type="text"/> <i>Sal.</i> <input type="text"/> <i>Date of birth</i>
Occupation	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual an authorised signatory (i.e. authorised to instruct on this account)? Note: authorised signatories will receive copies of contract notes, monthly statement etc.
Australian residential address	
Street no. & name	<input type="text"/>
Suburb	<input type="text"/>
State & postcode	<input type="text"/> <i>State</i> <input type="text"/> <i>Postcode</i>
Time at address	<input type="text"/> <i>Years</i> <input type="text"/> <i>Months</i>
Email Address	<input type="text"/>
Phone	<input type="text"/> <i>Day</i> <input type="text"/> <i>Mob</i>
Postal Address (if different from above)	
Street no. & name	<input type="text"/>
Suburb	<input type="text"/>
State & postcode	<input type="text"/> <i>State</i> <input type="text"/> <i>Postcode</i>
Country	<input type="text"/>

INDIVIDUAL 2	
Given name(s)	<input type="text"/> <i>First</i> <input type="text"/> <i>Middle</i>
Surname	<input type="text"/>
Other Name	<input type="text"/>
Salutation (Mr, Mrs) & Date of birth	<input type="text"/> <i>Sal.</i> <input type="text"/> <i>Date of birth</i>
Occupation	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual an authorised signatory (i.e. authorised to instruct on this account)? Note: authorised signatories will receive copies of contract notes, monthly statement etc.
Australian residential address	
Street no. & name	<input type="text"/>
Suburb	<input type="text"/>
State & postcode	<input type="text"/> <i>State</i> <input type="text"/> <i>Postcode</i>
Time at address	<input type="text"/> <i>Years</i> <input type="text"/> <i>Months</i>
Email Address	<input type="text"/>
Phone	<input type="text"/> <i>Day</i> <input type="text"/> <i>Mob</i>
Postal Address (if different from above)	
Street no. & name	<input type="text"/>
Suburb	<input type="text"/>
State & postcode	<input type="text"/> <i>State</i> <input type="text"/> <i>Postcode</i>
Country	<input type="text"/>

### b) New Authorised Signatory Identification Information

#### INDIVIDUAL 1

**Valid driver's licence details**  Tick if you do not have a valid licence

Licence no   State

**Valid passport details**  Tick if you do not have a valid passport

Passport no.

Issuing country

Full name on passport (if different from above)

Gender  Male  Female

If you qualify as being of an indeterminate or unspecified gender on your passport or other primary identification document, please select this box

**Medicare** (Please provide Day if card colour is Blue or Yellow)

Tick if you do not have a valid Medicare card

Medicare card no.

Reference No.

Name as on card

Expiry date  MM  YYYY

**Source of Funds or Wealth** (must tick one only)

- Income (i.e., employment, investment, business, other earnings)  
 One-off payment (i.e., matured investment, legal settlement, estate proceeds)  
 Sale of assets (i.e., shares, property)  
 Windfall (i.e., gifts, winnings)

#### INDIVIDUAL 2

**Valid driver's licence details**  Tick if you do not have a valid licence

Licence no   State

**Valid passport details**  Tick if you do not have a valid passport

Passport no.

Issuing country

Full name on passport (if different from above)

Gender  Male  Female

If you qualify as being of an indeterminate or unspecified gender on your passport or other primary identification document, please select this box

**Medicare** (Please provide Day if card colour is Blue or Yellow)

Tick if you do not have a valid Medicare card

Medicare card no.

Reference No.

Name as on card

Expiry date  MM  YYYY

**Source of Funds or Wealth** (must tick one only)

- Income (i.e., employment, investment, business, other earnings)  
 One-off payment (i.e., matured investment, legal settlement, estate proceeds)  
 Sale of assets (i.e., shares, property)  
 Windfall (i.e., gifts, winnings)

### c) New Authorised Signatory Execution

You consent to FIIG collecting and disclosing your information provided above to a credit reporting agency to electronically verify your identity against information held by the external party solely to meet FIIG's obligation pursuant to the Anti-Money Laundering and Counter Terrorism-Financing Act 2006. Your information will be maintained and used in accordance with FIIG Privacy Statement in FIIG's FSG (see [www.fiig.com.au/fsg](http://www.fiig.com.au/fsg)) and will not be shared with any other party without your consent. In the event FIIG is unable to verify and identify the Client/Investor based on the information you provide, you may be asked to provide certified copies of the information and documentation including driver licence, passport and trust deeds or any other such documentation as may be necessary to meet FIIG's regulatory obligations.

- I/we are authorised to provide the personal information contained in this application on behalf of the Client and I/we confirm that all information supplied in this application form is true and correct.
- I/we authorise FIIG to provide my personal information to third parties or request confirmation from third parties (including document issuers) in order to verify the personal information or identity of the Client in accordance with FIIG's AML/CTF requirements.

Individual 1	Individual 2
Signature	Signature
Print name	Print name
Date	Date

### Section 2. Corporate Details

#### a) Company Name

Company Name:

#### b) Company ACN/ABN

ACN/ABN:

#### c) Company Address

##### Principal Place of Business (excluding PO Box)

Street no. & name

Suburb

State & Postcode

Country

##### Postal Address (if different to principal place of business)

Street no. & name or PO box

Suburb

State & Postcode

Country

### Section 3. Client Execution

I acknowledge that the information supplied in this form is true and correct

Person's Name:

Title (if company)

Person's  
Signature:

*Signature*

*Date*

**Acceptable Certifiers List**

Government issued photo ID such as Driver's License, Passport or Proof of Age card can be certified by the following certifiers to whom the individual is not related by birth or marriage -

**Health professions:**

- o Chiropractor
- o Dentist
- o Medical practitioner
- o Nurse
- o Optometrist
- o Pharmacist
- o Physiotherapist
- o Psychologist

**Legal professions:**

- o Legal practitioner
- o Patent attorney
- o Trademarks attorney

**Court positions:**

- o Bailiff
- o Justice of the Peace
- o Judge
- o Magistrate
- o Registrar or Deputy Registrar
- o Clerk
- o Master of a court
- o CEO of a Commonwealth court

**Commissioner for Affidavits, or Commissioner for Declarations** (dependent on jurisdictions)

**Government representatives (elected):** Federal, State or Territory or Local

**Public servants - Federal, State or Territory or Local**  
(employed for five years or more)

**Permanent employees of the Australian Health Practitioner Regulation Agency**

**Bank officer, building society officer, credit union officer, finance company officer** (employed for five years or more)

**Veterinary surgeon**

**Accountant** (member of ICA, ASA, NIA or CPA, ATMA, NTAA)

**Minister of religion, or marriage celebrant**

**Member of:**

- o Chartered Secretaries Australia
- o Engineers Australia, other than at the grade of student
- o Australian Defence Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
- o Australasian Institute of Mining and Metallurgy

**Notary public**

**Holder of a statutory office not specified in another item in this Part**

**Police officer**

**Sheriff or Sheriff's officer**

**Teacher (full-time) at a school or tertiary education institution**