

Know Your Customer (KYC) Refresh Form – Trusts

May 2025

Complete this form for Australian regulated trusts and foreign trusts (New Zealand only).

To comply with Australian law and ensure your account remains safe and secure, we need your help to keep your personal details up to date.

Why are we asking you to complete this form?

Under the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act), all financial institutions in Australia are required to collect and maintain accurate and up-to-date client records. This is to help ensure your account is kept safe and secure, protected from fraud, and not used for improper purposes.

Please note that you will need to supply identification documents to support the information provided on this form.

This form is issued by Vanguard Investments Australia Ltd ABN 72 072 881 086, AFSL 227263 (Vanguard).

We kindly ask that you please complete the form and return to us, together with your identification documents, within 30 days of receipt.



How to return this form?

Please mail your completed form to:
Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Privacy Notice

Vanguard is committed to respecting the privacy of your personal information. We collect, use and disclose the personal information you provide in order to comply with our legal obligations. If you do not provide all of the information requested, we may not be able to continue to provide you with products and services.

Our [Privacy Policy](http://www.vanguard.com.au/privacy) at www.vanguard.com.au/privacy sets out more details about how and why we collect, use and disclose personal information, how to correct any information which is inaccurate or out of date, and our privacy complaints process.

Contact us

Mail Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Phone **1300 655 102** (8:30am–5:30pm,
Monday to Friday, AET)

Email vanguard@cm.mpms.mufg.com



Need help?

If you need any help completing this form or would like any further information please call Client Services on 1300 655 102, 8:30am to 5:30pm, Monday to Friday (Melbourne time).

How to complete this form

Investor type	Complete sections
Individual trustess	1, 2, 4 to 12
Corporate trustess	1, 3, 4 to 12

Note: if you are a Custodian or a Nominee of a Custodian that meets the definition of Custodian set out in Rule 4.4.19 of the AML/CTF Rules, please complete the Company Form instead.

Section 1. Trust

1.1 Trust details

Security Holder Reference Number <input type="text"/>			
Full legal name of trust (NOT the trustee) <input type="text"/>			
Full business name (if any) of the trustee in respect of the trust (e.g. trading names) <input type="text"/>			
Nature of business activity (e.g primary revenue generating activity) <input type="text"/>			
Was this trust established in Australia?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ABN <input type="text"/>	Foreign registration number (e.g. NZBN) (if applicable) <input type="text"/>		
	Incorporation number (e.g. for NZ registered charities) (if applicable) <input type="text"/>		
Date the trust was established (DDMMYYYY) <input type="text"/>			
Business address (must not be a PO Box) <input type="text"/>			
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>
Settlor details Provide the full name of the Settlor of the trust, unless: a) The Settlor of the trust is deceased.			
Title <input type="text"/>	First name <input type="text"/>	Middle name <input type="text"/>	Surname <input type="text"/>

1.2 Type of trust

1.2.1 Australian regulated trust (select one of the following types of regulated trust, otherwise, **proceed to section 1.2.2**)

<input type="checkbox"/>	ASIC registered managed investment scheme	Proceed to Section 2
ARSN	<input type="text"/>	
<input type="checkbox"/>	Managed investment scheme (Where the scheme is not registered by ASIC, only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies)	Proceed to Section 2
AFSL	<input type="text"/>	
<input type="checkbox"/>	Government superannuation fund	Proceed to Section 2
Provide name of the legislation establishing the fund	<input type="text"/>	
<input type="checkbox"/>	APRA regulated superannuation fund	Proceed to Section 1.4
RSE number	<input type="text"/>	
<input type="checkbox"/>	Charity registered with the Australian Charities and Not for Profit Commission (ACNC)	Proceed to Section 1.4
<input type="checkbox"/>	Other regulated trust (A trust that is subject to the regulatory oversight of a Commonwealth, State or Territory statutory regulator such as an approved deposit fund, a pooled superannuation trust, etc)	Proceed to Section 1.4
Provide name of the regulator (if applicable)	<input type="text"/>	
Registration/licensing details (if applicable)	<input type="text"/>	
Provide name of the legislation establishing the trust (if applicable)	<input type="text"/>	

1.2.2 Unregulated trust (including foreign trusts)

<input type="checkbox"/>	Family trust	<input type="checkbox"/>	Discretionary trust	<input type="checkbox"/>	Testamentary trust	<input type="checkbox"/>	Charity/Foundation (not registered with ACNC)	<input type="checkbox"/>	Custodian/Nominee*
<input type="checkbox"/>	Other (please specify below)								
<input type="text"/>									
<small>*That does NOT meet the definition of Custodian set out in Rule 4.4.19 of the AML/CTF Rules. If the Custodian meets the definition, please complete Company form instead.</small>									

1.3 Appointor

Does the trust have an Appointor?

(an individual who has been granted specific powers by the trust deed e.g. the power to appoint or remove trustees. Sometimes referred to as Principal or Guardian)

No Yes (please complete below)

Full legal name

Date of birth (DDMMYYYY)

Full residential address (must not be a PO Box)

Suburb

State

Postcode

Country

Occupation (please select from Appendix A – Occupations – refer to page 20)

Source of funds

Savings/ salary Inheritance/ gift Proceeds from asset sale Other (please specify below)

1.4 Trust beneficiaries (Please provide the full name of all listed beneficiaries and/or beneficiaries by class or category – as stated in the trust deed).

Please attach a separate page if you require more space.

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are there any beneficiaries by class or category?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes (please specify below, e.g. Family member, employee of a particular company)		
<input type="text"/>			

Section 2. Individual trustees (Complete this section if the trust has individuals acting as trustee. For corporate trustees refer to section 3.)

Important: Please provide the details of all trustees. Please attach a separate page if you have additional trustees.

Trustee 1 details

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Email address (required to view statements)			Mobile phone
<input type="text"/>			<input type="text"/>
Full residential address (must NOT be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Trustee 2 details

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Email address (required to view statements)			Mobile phone
<input type="text"/>			<input type="text"/>
Full residential address (must NOT be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Section 3. Corporate trustee (Complete this section if the trust has a company acting as a trustee)

3.1 Corporate trustee details

Full legal name of company (must match ASIC if registered domestic/foreign company)	
<input type="text"/>	
Country in which the corporate trustee is formed/incorporated (if not Australia)	
<input type="text"/>	
ACN	ABN (if any)
<input type="text"/>	<input type="text"/>
Nature of business activity	
<input type="text"/>	
ARBN (if registered foreign company)	Name of foreign registration body and identification number (if foreign company)
<input type="text"/>	<input type="text"/>
Account name (for custodian/nominees only e.g. ABC Ltd ACF XYZ Pty Ltd)	
<input type="text"/>	

Full registered address (must match ASIC if registered domestic/foreign company)

Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal place of business (must match ASIC if registered domestic/foreign company)

<input type="checkbox"/> Same as registered address			
If registered foreign company, please select one <input type="checkbox"/> Principal place of business address in Australia OR <input type="checkbox"/> Australian agent name and address details			
Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address

<input type="checkbox"/> Same as registered address			
Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details for the account

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Role in the company			
<input type="text"/>			
Business phone		Mobile phone	
<input type="text"/>		<input type="text"/>	
Email address (required to view statements)			
<input type="text"/>			

3.2 Company type (select only **one** of the following categories)

<input type="checkbox"/> Proprietary/Private – proceed to section 3.3
<input type="checkbox"/> Public – proceed to section 3.4

3.3 Directors (required for all Proprietary companies as outlined in section 3.2, **NOT** required for Public companies)

Please attach a separate page if you require more space.

Director 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 3

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: the following sections are to be completed by company trustees of unregulated trusts only as per section 1.2. Australian regulated trusts should proceed to Section 4.

3.4 Listing and Regulatory Details (select any of the following categories if applicable, otherwise, proceed to section 3.5)

<input type="checkbox"/>	Public listed	Proceed to Section 4
	Name of exchange/ticker code	<input type="text"/>
	Country (if not Australia)	<input type="text"/>
<input type="checkbox"/>	Majority owned subsidiary of of an Australian public listed company	Proceed to Section 4
	Listed company name	<input type="text"/>
	Name of exchange/ticker code	<input type="text"/>
<input type="checkbox"/>	Regulated in Australia (subject to the supervision of an Australian Commonwealth, State or Territory statutory regulator (other than provided by ASIC as a company registration body).	Proceed to Section 4
	Regulator name	<input type="text"/>
	Licence details (e.g. AFSL, ACL, RSE)	<input type="text"/>

3.5 Beneficial Owners/Senior Managing Official (Note: This section is to be completed for all companies that are **not** public listed companies, majority owned by an Australian public listed company, regulated companies or custodians/nominees as outlined in section 3.4)

Important: Please provide details for all beneficial owners. A beneficial owner is any **individual** who ultimately owns or controls 25% or more of a company. **Ownership** can be direct (e.g. through shareholdings) or indirect (e.g. through another company's ownership). **Control** means having control through agreements, trusts or other arrangements (e.g. Appointor of a trust).

(A) Are there any individuals who ultimately own 25% or more of the company's issued share capital? For example, ABC Pty Ltd is equally owned by John Smith and XYZ Pty Ltd. John Smith is a beneficial owner because he owns 50% of the shares. XYZ Pty Ltd is equally owned by Mary and Joseph. This means each of them ultimately own 25% of ABC Pty Ltd and are considered beneficial owners.

Yes – complete section 3.5.1 No

(B) Are there any individuals or companies holding 25% or more of the shares in the company non-beneficially? This is indicated in the members shareholding section in the company's ASIC report.

Yes – complete section 3.5.2 No

If you answered **Yes** to both **(A)** and **(B)**, complete **sections 3.5.1 and 3.5.2**
 If you answered **No** to both **(A)** and **(B)**, complete **section 3.5.3**

3.5.1 Beneficial Owners (complete if you answered **Yes** to section 3.5 (A). Please attach a separate page if you require more space.)

Beneficial Owner 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

Savings/salary
 Inheritance/gift
 Proceeds from asset sale
 Other (please specify below)

Beneficial Owner 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Beneficial Owner 3

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Beneficial Owner 4

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

3.5.2 Appointor (Ensure details are provided for all individuals or entities holding 25% or more of the company shares non-beneficially if you answered **Yes** to section 3.5 (B))

Note: The company's ASIC report indicates where shares are held **non-beneficially** by an individual or entity. This means that the shares are being held on behalf of another person as trustee of a trust. In this case, the **Appointor** of the relevant trusts (i.e., those individuals who have the power to appoint the trustees) is also considered a beneficial owner.

For example, ABC Pty Ltd is equally owned by John Smith and XYZ Pty Ltd. Each holds 50% of the shares **non-beneficially**. John Smith is holding the shares on behalf of the Smith Discretionary Trust. XYZ Pty Ltd is holding the shares on behalf of the XYZ Family Trust.

We must collect the details of the **Appointors** of the Smith Discretionary Trust and XYZ Family Trust.

Please attach a separate page if you require more space.

Appointor 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Appointor 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

3.5.3 Senior Managing Official (Complete this section if you answered **No** to both sections 3.5 (A) and 3.5 (B)).

Where no individual directly or indirectly holds or controls 25% or more of a company, a nomination for the **Senior Managing Official (SMO)** of the company is required. This is an individual that makes, or participates in making, decisions that affect the whole, or a substantial part of the business of the organisation, or who has the capacity to significantly affect the financial standing of the organisation (e.g. CEO). Please nominate only **one** SMO.

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 20)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Role/Position within the company			
<input type="text"/>			
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Section 4. Declarations and signatures (must be completed)

Declarations

- I/we understand that the information supplied is covered by the Product Disclosure Statement (PDS) for the Vanguard Wholesale Fund/s;
- I/We declare that all information provided in this form is true and correct;
- I/we declare I am authorised to provide information on this form and consent to the handling and disclosure of my personal information as described in the [Privacy Policy](#) and for the purposes and in the manner described in this form.



4.1 Signatures

Each signatory below confirms that they have been duly authorised to execute this form on behalf of the investor(s) and that the signing authorities have also been duly authorised.

For corporate trustees: please provide signatures and details of at least two directors.

For sole directors: please also provide signature and details of the company secretary (if any).

For individual trustees: please provide signature and details for all trustees.

Authorised signatory 1	Authorised signatory 2
Signature (please use BLACK pen)  We will not accept stamped signatures.	Signature (please use BLACK pen)  We will not accept stamped signatures.
Full name <input type="text"/>	Full name <input type="text"/>
Role <input type="text"/>	Role <input type="text"/>
Date (DDMMYYYY) <input type="text"/>	Date (DDMMYYYY) <input type="text"/>



Before you submit

Checklist






Before you submit your form, please ensure:

- You have signed and dated the declaration.
- You have attached the necessary identification documents as specified in the 'Forms of identification required' section.

Forms of identification required




This section outlines the types of identification documents that we will collect from you. You must provide these along with this form, however, we may request additional information at a later date. If you do not provide the documents we request, we may not be able to process your account information update. Alternative forms of identification may be acceptable under circumstances permitted by law. Non-English documents must be accompanied with a translation prepared by an accredited translator.

Identification required for the trustee(s) and related parties









Investor type	Type of ID to submit (select one)	ID requirements
Related parties: Individual trustee(s), Appointors, Beneficial Owners, Senior Managing Official, Signatories	Option 1: Driver's licence	 A certified copy of a current Australian driver's licence (front and back), displaying your current residential address.
	Option 2: Passport & Utility bill	 A certified copy of your current passport* AND  A certified copy of a utilities bill (gas, water or electricity, mobile phone, Internet provider account or Local Government Rates account), issued in the last 3 months, displaying your name and the residential address stated on this Form.
Corporate trustee	Company extract	 A copy of the most current company extract from the ASIC database (or foreign equivalent), displaying the company's name, registration number, registered office, company officers (e.g. directors, company secretary) and beneficial owners. Unregulated trusts/proprietary company: Where there are company shareholders owning 25% or more of the shares (beneficially held), please provide the relevant company extract for that company.
	Trust Deed Extract(s) (for non-beneficially held shares only)	 A certified copy of the trust deed extract containing name of the trust, full name of all trustee(s), beneficiaries, name of Settlor and Appointor (if applicable), asset contribution and the signatories page(s).

* Australian passport may be expired up to two years – a foreign passport must not be expired.

Identification required for Unregulated Trust

Investor type	Type of ID to submit	ID requirements
All trust types (except testamentary)	Trust Deed Extract(s)	 A certified copy of the trust deed extract containing name of the trust, full name of all trustee(s), beneficiaries, name of settlor and Appointor (if applicable), asset contribution and the signatories page(s)
Testamentary trust	Grant of probate & Will	 A certified copy of the grant of probate or letters of Administration AND  A certified copy of the will which specifies details of the testamentary trust including the beneficiaries and nominated trustees. If applicable, please include a testamentary trust schedule attached to the Will.

Identification required for Regulated Trust

Investor type	Type of ID to submit	ID requirements
Charity (registered with ACNC)	Trust Deed Extract(s)	 A certified copy of the trust deed extract containing name of the trust, full name of all trustee(s), beneficiaries, name of Settlor and Appointor (if applicable), asset contribution and the signatories page(s)
Registered managed Investment scheme	PDS	 A copy of the product disclosure statement (PDS) or equivalent disclosure document
Unregistered managed investment scheme	PDS & AML assurance statement	 A copy of the product disclosure statement (PDS) or equivalent disclosure document  A letter on company letterhead attesting that the scheme only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies
Government superannuation fund	Legislation & Letter	 A copy or extract of the relevant legislation establishing the fund  A signed letter from the Minister or head of the entity (or their delegate) that includes the name, job title and contact details of the person who is authorised to act on behalf of the government agency/entity/body
Other regulated trust	Legislation PDS (as applicable)	 A copy or extract of the relevant legislation establishing the fund  A copy of the product disclosure statement (PDS) or equivalent disclosure document

Certification requirements

The certification of your documents must be completed in Australia by a person in one of the positions below and who is not closely related to you (i.e. a parent, spouse, de facto partner or child).

When having copies of documents certified, you should show both the original document and copy to the eligible certifier. For a more detailed list of eligible certifiers, please refer to the Certification Guide on our website at https://fund-docs.vanguard.com/AU-Vanguard_Certification_guide.pdf or contact Client Services.

Eligible certifiers include

- Lawyer
- Pharmacist
- Police Officer
- Accountant
- Post Office
- Justice of the Peace

Document type	Sample wording	Certification requirements
Single page	I, [full name], certify that this is a true and correct copy of the original.	<ul style="list-style-type: none"> • Certified within the last 12 months • Signed and dated
Multiple page document (with certification on every page)	I, [full name], certify that this is a true and correct copy of the original.	<ul style="list-style-type: none"> • Includes name, occupation and any licence number of the certifier
Multiple page document (with certification on front page only)	I, [full name], certify that this page and the following 'x pages' are a true and correct copy of the original.	

Appendix A. Occupations

Please select from the occupations listed below when completing the relevant section(s) in the form:

- Accountant
- Admin
- Engineer
- Government official
- Home duties
- Labourer
- Lawyer
- Machine operator
- Medical professional
- Other professional
- Real estate agent
- Retired
- Sales person
- Scientist
- Sports person
- Student
- Teacher
- Trades person
- Unemployed

How to submit your form



Please mail your completed form to:
Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

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