

How to complete this form:

Step 1. Complete the applicant details
Step 2. Select Verification Method (Face to Face or Non Face to Face)
Step 3. Provide the required documents & verify the details
Step 4. Sign the form
Step 5. Provide a copy of the identification documents and the completed Identification Form to WLTH

Applicant Details

☐ Mr ☐ Mrs ☐ Ms Other (please specify)

Surname

First Name

Middle Name

Date of birth (DD/MM/YYYY)

Residential Address

Unit Number

Street Number

Street Name

Suburb

State

Postcode

Verification Method

Select one of the following:

☐ **Face to Face Verification -** I have interviewed the above applicant Face to Face and sighted the original documents provided.

☐ **Non Face to Face Verification -** I have interviewed the above applicant via video technology and have sighted the applicant and the identification documents supplied confirm that the documents in the video appear to be the same as the documents provided.

Required Documents

All documents are to be provided in full colour, and not expired as per the the lists below.
For Face to Face ID Verification please certify each is a copy of the original that you have sighted, you must sight the original IDs

List A (provide 2 documents)	+	List B (provide 1 document)	+	List C (Non Face to Face <u>ONLY</u>)
<div><input type="checkbox"/> Australian Drivers Licence OR Proof of Age Card / NSW Photo Card</div> <div><input type="checkbox"/> Australian Passport (either a current passport or a passport that expired within the last 2 years)</div> <div><input type="checkbox"/> Foreign passport (current) and an Australian Visa Grant Notice evidencing an Australian Resident Visa</div> <div><input type="checkbox"/> Full birth certificate or citizenship certificate</div> <div>In Addition:</div> <div><input type="checkbox"/> Change of name or marriage certificate if necessary</div>		<div>Not Applicable if Australian Drivers Licence and Australian Passport is Supplied</div> <div><input type="checkbox"/> Medicare Card</div> <div><input type="checkbox"/> Pension card issued by Centrelink that entitles the person in whose name the card is issued to financial benefits</div>		<div><input type="checkbox"/> 'Selfie' photo of client holding their primary ID (Drivers Licence)</div> <div><input type="checkbox"/> Screenshot of video call (must include the person verifying the ID and the applicant/s).</div>

Verify Identity Details

Complete details for all documents provided.

List A Document 1

Document type		Name verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document number		Date of birth verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document issue date		Residential address verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document expiry date		Photography verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List A Document 2

Document type		Name verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document number		Date of birth verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document issue date		Residential address verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document expiry date		Photography verified	<input type="checkbox"/> Yes <input type="checkbox"/> No

List B Document 1

Document type		Name verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document number		Date of birth verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document issue date		Residential address verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document expiry date		Photography verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary

Do all supporting document reflect the full legal name of applicants? ☐ Yes ☐ No

If no, at least one of the follow is to be provided:

- ☐ Change of name confirmation
- ☐ Marriage Certificate

By signing this form I confirm that;

☐ I have interviewed the above applicant Face to Face and sighted the original identification documents outlined above. I confirm the copies of documents provided are true copies of the originals, which I have sighted. - Please certify each ID supplied is a copy of the original that you have sighted. You must sight the original IDs.

OR

☐ I have interviewed the above mentioned Applicant via video call and have sighted the Applicant and the identification documents outlined above using that technology. I confirm that the identification documents in the video appear to be the same documents as the copies that I have been provided and that the likeness of the Applicant is reasonably identical to the Applicant's image in those identification documents.

Name of Broker / WLTH Employee	
Broker / WLTH Employee Number	
Date (DD/MM/YYYY)	
Signature of Broker / WLTH Employee	

Note: It is an offence under the Anti-Money Laundering / Counter-Terrorism Financing Act 2006 to provide false or misleading statements, produce a false or misleading document, to receive a WLTH product in a false name or to fail to disclose any other name or names you are commonly known by.