



# Business Facility Application and Amendment Authority – Non-Associate



Use this form to apply for your new Business Facility and to make any subsequent amendments to business entity information held by LLL Australia.

Suburb		State		Postcode		Country	
Postal Address: <input type="checkbox"/> same as registered office <input type="checkbox"/> same as main place of business <input type="checkbox"/> as below							
Address							
Suburb		State		Postcode		Country	
Phone Number		Fax		Email			

Name of contact person for any queries relating to the application:	
Contact Name	Contact Phone Number
Is the Applicant, or any beneficial owner of the Applicant, required to pay tax in any country other than Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the following: Applicant and/or Beneficial Owner/s: _____ Country: _____ Tax Identification Number (TIN): _____	
Are funds expected to be received from overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify countries: .....	

<b>5. Entity type</b>	(please only complete the relevant section with information for your business based on the entity details provided in section 4)		
<b>A. Company</b> (select type)	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Public	
Director/s	Shareholder/s		
Please provide details of Beneficial Owners* in Sections 6 and 7.			
<b>B. Trust</b>			
Trust Name			
Trust ABN	Trust Settlor		
<b>i. Trustee/s</b> (select type)	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual	
<b>Corporate Trustee/s</b> (company full name, please also complete 4.A)	<b>Individual Trustee/s</b> (full name)		
<b>ii. Please provide details of all Beneficiaries of the Trust</b> (including type or class of beneficiary)			
<b>Full Name of all Beneficiaries</b>	<b>Where full names of all beneficiaries are unavailable, provide type or class of beneficiaries below</b>		
Please provide details of Beneficial Owners* in Sections 6 & 7.			
<b>C. Association / Registered Co-op</b> (select type and # if applicable)	Registration # _____	<input type="checkbox"/> Incorporated	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Registered Co-op
<b>Responsible Officers</b> (Chair, Vice-Chair, Treasurer, Secretary + any other constitutional or gazetted officers; responsible office and full name for each officer)			
<b>Chair</b>		<b>Vice-Chair</b>	
<b>Treasurer</b>		<b>Secretary</b>	

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_____	_____	_____	_____
_____	_____	_____	_____

Please provide details of all Beneficial Owners\* in Sections 6 & 7.

<b>D. Government Body</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local	Jurisdiction: _____
Is the entity a separate legal entity, agency, or authority established under legislation of the Australian government, State or Territory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Please confirm the legislation under which the entity is established? Name of Legislation _____				
<b>E. Partnership (select type)</b>	<input type="checkbox"/> Corporate		<input type="checkbox"/> Individual	
<b>Corporate Partner/s</b> (company full name, please also complete 3A)	<b>Individual Partner/s</b> (full name)			
_____	_____			
_____	_____			
_____	_____			
Please provide details of Beneficial Owners* in Sections 6 & 7.				

\* A Beneficial Owner is an individual who ultimately owns or controls an Applicant. 'Owns' means owning 25% or more of the Applicant, either directly or indirectly (e.g. as a shareholder). 'Controls' means having the power to make decisions about the Applicant's finances and operations, whether through trusts, agreements, arrangements, understandings, policies or practices. Not required for Government Bodies, or if a Company Applicant is listed on the stock exchange or is licensed and regulated by ASIC as an AFS Licensee, APRA or the ATO as a self-managed super fund".

<b>6. Authorised Signatories (Authority to Operate)</b>				
<b>Signatory 1</b>	Individual Client Number	_____	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names	_____		Preferred Given Name	_____
Surname	_____		Title	_____
Date of Birth	_____			
Home Address	_____			
Mailing Address	_____			<input type="checkbox"/> Same as above
Mobile	_____		Home	_____
Work	_____	Email	_____	
Are you also a Beneficial Owner* of the applicant business entity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP*?				<input type="checkbox"/> Yes <input type="checkbox"/> No
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.				
<b>Signature</b>	_____		<b>Date</b>	_____
<b>Signatory 2</b>	Individual Client Number	_____	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names	_____		Preferred Given Name	_____
Surname	_____		Title	_____
Date of Birth	_____			
Home Address	_____			
Mailing Address	_____			<input type="checkbox"/> Same as above
Mobile	_____		Home	_____
Work	_____	Email	_____	
Are you also a Beneficial Owner* of the applicant business entity?				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.			
<b>Signature</b>		<b>Date</b>	

<b>Signatory 3</b>	Individual Client Number		LLL Online Access Level	Enquiry Only <input type="checkbox"/> None <input type="checkbox"/>
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Are you also a Beneficial Owner* of the applicant business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Signature</b>		<b>Date</b>		
<b>Signatory 4</b>	Individual Client Number		LLL Online Access Level <input type="checkbox"/> Enquiry Only <input type="checkbox"/> None <input type="checkbox"/>	
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above
Mobile			Home	
Work		Email		
Are you also a Beneficial Owner* of the applicant business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>Signature</b>		<b>Date</b>		
<b>Signatory 5</b>	Individual Client Number		LLL Online Access Level <input type="checkbox"/> Enquiry Only <input type="checkbox"/> None <input type="checkbox"/>	
Given Names			Preferred Given Name	
Surname			Title	
Date of Birth				
Home Address				
Mailing Address				<input type="checkbox"/> Same as above

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Mobile		Home	
Work		Email	
Are you also a Beneficial Owner* of the business entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.			
Signature		Date	

\*A Politically Exposed Person is an individual or immediate family member, or close associate of an individual who holds, or has held a prominent public position either domestically or internally in a government body or international organisation.

\* A Beneficial Owner is an individual who ultimately owns or controls an Applicant. 'Owns' means owning 25% or more of the Applicant, either directly or indirectly (e.g. as a shareholder). 'Controls' means having the power to make decisions about the Applicant's finances and operations, whether through trusts, agreements, arrangements, understandings, policies or practices. Not required for Government Bodies, or if a Company Applicant is listed on the stock exchange or is licenced and regulated by a Commonwealth, State or Territory Government regulator.

If additional signatories are required, please print and append additional pages of this form and number all pages.

7. Beneficial Owners (please complete for non-signatory Beneficial Owners)			
Beneficial Owner # __	Individual Client Number		
Given Names			
Surname		Title	
Date of Birth			
Home Address			
Mobile		Home	
Work		Email	
Is the Beneficial Owner a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficial Owner # __	Individual Client Number		
Given Names			
Surname		Title	
Date of Birth			
Home Address			
Mobile		Home	
Work		Email	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficial Owner # __	Individual Client Number		
Given Names			
Surname		Title	
Date of Birth			
Home Address			
Mobile		Home	
Work		Email	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP#?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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If there are additional Beneficial Owners, please print and append additional pages of this form and number all pages.

## 8. Authorised Persons - Declaration & Authorisation

### DECLARATION

I/We understand that it is an offence under the law including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ("AML-CTF-Act") to make a false and misleading statement. I/We declare that the information provided in this form is complete and accurate and I/we consent to the electronic verification for the identity of all individuals within this facility application.

I/We have received the applicable disclosure documents (Terms & Conditions for LLL Investments) and agree to be bound by them.

I/We understand that the collection of Tax File Number (TFN), Australian Business Number (ABN) or Exemption is authorised, and their use and disclosure are regulated by tax laws and the Privacy Act 1988 (Cth). I/We understand that quotation of the number is not compulsory, but withholding tax may be deducted from any interest I/we earn and remitted to the Australian Tax Office if I/we do not quote my/our TFN, ABN or claim an Exemption.

I/we understand that where I/we am/are resident(s) of a country other than Australia for tax purposes, LLL may be legally obliged to pass on this information and other information with respect to me/us and my/our facilities with LLL to the Australian Taxation Office (ATO) and that the ATO may then exchange this information with tax authorities of other jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

I/we undertake to promptly notify LLL of any change in circumstances which affects my/our tax residency.

I/We consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of the Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website.

### **IMPORTANT NOTICE**

By law, LLL must inform investors that LLL's debenture products are only intended to attract investors whose primary purpose for making their investment is to support LLL's charitable purposes, primarily support for the Mission of the Lutheran Church in Australia; that investors may be unable to get some or all of their money back when the investor expects it or at all; and that an investment in LLL's debentures is not comparable to investments with banks, finance companies or fund managers.

### AUTHORISATION

**By signing this form, I/we confirm that all information contained within this form is accurate and that I/we am/are authorised to sign this application on behalf of the applicant entity.**

Name		Name	
Signature		Signature	
Position / Title		Position / Title	
Date		Date	
Name		Name	
Signature		Signature	
Position / Title		Position / Title	
Date		Date	

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Entity type	Authorisation/signing instructions for above
Company	Sole Director & Company Secretary, or if Multiple Directors, any 2 Directors or 1 Director and 1 Company Secretary (who must be different people)
Trust	As per Company (Corporate Trustee), All Trustees (Individual Trustee). If there is more than one corporate trustee, all corporate trustees must execute the application in accordance with the company requirements.
Association / Registered Co-op	Minimum 2 officers to sign (e.g., Chair, Vice-Chair, Secretary, Treasurer). We may also require the provision of evidence in the form of a certified copy or certified extract of the minutes of meeting and resolution approving the opening of the Facility and the appointment of the signatories to the Facility be provided with this form.
Government Body	As authorised by governing legislation or instrument
Partnership	All Partners
Sole Trader	Individual

Checklist – Office Use Only:					
Naming conventions match supporting documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beneficial Owner Details completed + ID obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ABN/ACN is consistent amongst all documents provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	No alterations without initials by Client	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Only original/certified copies of documents have been accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	All sections completed and ensured TFN is removed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Individuals verified - original, certified documents and/or electronic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investor Acknowledgements</b> Date of execution:		<input type="checkbox"/> provided with this form; OR  <input type="checkbox"/> provided previously	
Client/Facility opened by		Operator #		Date	
Client/Facility reviewed by		Operator #		Date	