

Form 3

For IBOs with **Trust Status**



1. Details

This document has been provided by ACN for the purpose of documenting the details of all trustees and beneficiaries of:

Name of Trust (print here) _____

ACN Business ID (print here) _____

IRD (print here) _____

Address _____

2. Trustees (including Directors and Shareholders of the Corporate Trustee)

As a trustee or a shareholder/director of the corporate trustee of the trust referenced above, I certify that the information provided on this form is true and correct and that I agree to notify ACN of any changes.

I also understand that any activity that I undertake as an IBO must be performed in accordance with ACN's Policies and Procedures and the ACN IBO Agreement.

By signing the form, I confirm that I have read and understood the conditions of the IBO Agreement and the Policies and Procedures, and that I agree to comply with these conditions.

Please provide the requested information in the table below for all trustees (including directors and shareholders of a corporate trustee) and beneficiaries of the trust:

Trustees

Individual Trustee / Shareholder / Director of Corporate Trustee (circle whichever one or more are applicable)

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

Individual Trustee / Shareholder / Director of Corporate Trustee (circle whichever one or more are applicable)

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

Individual Trustee / Shareholder / Director of Corporate Trustee (circle whichever one or more are applicable)

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

Beneficiaries

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

_____ Name <input checked="" type="checkbox"/>	____ / ____ / ____ Date of Birth (DD/MM/YYYY)	_____ Title (Trustee, Director or Shareholder)
_____ Signature <input checked="" type="checkbox"/>	____ / ____ / ____ Date (DD/MM/YYYY)	_____ Signature of Witness <input checked="" type="checkbox"/>

Alternatively, you can post the document to: ACN Pacific Pty Ltd, P.O. Box 90694, Victoria Street West, Auckland 1142.