

## Details of the Trustees

### Trustee 1

Title	Given names	Surname
Customer number		Date of birth <input type="text" value="/ /"/>
Home phone	Work phone	Mobile phone
Email		Facsimile
Residential address		Postcode
Mailing address		Postcode
Do you believe you are a PEP?*	Yes	No

### Trustee 2

Title	Given names	Surname
Customer number		Date of birth <input type="text" value="/ /"/>
Home phone	Work phone	Mobile phone
Email		Facsimile
Residential address		Postcode
Mailing address		Postcode
Do you believe you are a PEP?*	Yes	No

\* Politically exposed persons (PEPs) are individuals who occupy a prominent public position or functions in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.

## Details of the Estate

Name of the deceased

Customer number

(Please bring Probate, Letters of Administration or the will, and death certificate for us to sight)

## Tax file number

Collection of Tax File Number information is authorised and regulated by tax laws and the Privacy Act. It is not an offence to choose not to quote your Tax File Number, but if your Tax File Number is not quoted, you may be charged Withholding Tax on the interest that you earn. If quoted, your Tax File Number will automatically be applied to future accounts you open on this account unless you instruct us otherwise.

Tax file number

## Beneficiary's details – for more than 4 beneficiaries, attach a separate list

**Note:** A beneficiary is a person taking a benefit under the will or, if there is no will, a beneficiary is one of the next of kin.

(1) Full name of beneficiary

(2) Full name of beneficiary

(3) Full name of beneficiary

(4) Full name of beneficiary

## Declaration

We/I agree that the above details are true and correct. We/I have read the relevant Conditions of Use and agree to be bound by them.

We/I also agree that I have read a copy of the Privacy Notification and consent to the contents therein.

Trustee 1 signature

Trustee 2 signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

Date

Date

**Office use only**

Customer number

Signatories

**Confirmation**

Staff member's signature

Seniors signature

Operator number

Date

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**Mailing something?**  
7-9 Seymour Street, Traralgon VIC 3844

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**Talk to someone** 132 888

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