Family trust account application



I/we make the following disclosures about the trust:

Customer number

Trust name

Full name of the trust from Trust deed

Business name (if any) in respect of the trust

Industry where the business derives its income

Details of the class of beneficiaries

Note: Family Trusts allow the trustee to distribute income to family members differentially, from year to year, in the trustee's discretion. These family members are referred to in the 'class of beneficiaries' in the trust deed. If unsure, check details with your accountant.

Appointor's name

Note: The Appointor is the individual who holds the power to appoint or remove the trustee. If unsure, please check with your accountant.

Full name of appointor

Solo trustee

Name

Joint trustee

Name

Company trustee

Company's name

Customer number

Customer number

ACN

Company's registered office (mandatory)

Street address

Principal place of business if different from above

Company's email address

Mailing address

Required documents

Original or certified copy of the Trust Deed

Term

Family Trust Internet Banking

Separate Read Only Access

To obtain access to Internet banking, an Initial Net Code will be issued to you via email. You will be required to change the Initial Net Code when you first access Internet banking.

Investment account

Term deposit

Please invest

\$

Interest rate

% p/a

- We require 31 days' notice if you want to withdraw all or part of the term deposit before the maturity date.
- Funds will not be available until the 31st day after your request.
- If you think you may need to access funds immediately in the future, other deposit products may be more suitable.
- Your term deposit will renew automatically on maturity into a comparable term deposit, unless you tell us otherwise.
- After renewal, the applicable interest rate on the comparable term deposit may be lower than the interest rate we are paying now.

Accounts

Commercial access account Commercial saver account

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

Postcode

List directors and signatories

Instructions for completion

Please list each director and each signatory to the account. Please tick the relevant box in each disclosure which indicates the person's status as a director or a signatory. A person can be either or both of these, for example, for a single shareholder/director pty limited company there will be only one person disclosed who will be ticked as a director and as a signatory.

Person 1					
Title	Given names			Surname	
Customer number ((if a customer)			Date of birth	
Home phone	C	Daytime pho	ne	Mobile phon	e
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signate	ory		
Do you believe you	are a PEP?*	Yes	No		
Signatory Internet	Banking Access				
View only	Create and upda	te	Create, update and ap	prove	Full access
Do you require acc	ess to statements?	Yes	No		
Does this person re	quire statements for				
All accounts	Other (please spec	cify)			None
Specimen signature	Specimen signature if a signatory				

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

^{*} 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.

Person 2

Title	Given names			Surname	
Customer number (if a customer)			Date of birth	
Home phone		Daytime pho	ne	Mobile phone) e
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signato	pry		
Do you believe you	are a PEP?*	Yes	No		
Signatory Internet I	Banking Access				
View only	Create and upda	ate	Create, update and app	orove	Full access
Do you require acce	ess to statements?	Yes	No		
Does this person re	quire statements for				
All accounts	Other (please spe	cify)			None
Specimen signature if a signatory					

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Person 3

Title	Given names			Surname	
Customer number (if a customer)			Date of birth	
Home phone		Daytime phor	ne	Mobile phone] e
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signato	ry		
Do you believe you	are a PEP?*	Yes	No		
Signatory Internet	Banking Access				
View only	Create and upda	ate	Create, update and ap	prove	Full access
Do you require acce	ess to statements?	Yes	No		
Does this person re	quire statements for				
All accounts	Other (please spe	cify)			None
Specimen signature	Specimen signature if a signatory				

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

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Person 4	4
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Title	Given names			Surname	
Customer number (if a customer)			Date of birth	
Home phone		Daytime phor	ne	Mobile phone] ?
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signato	ry		
Do you believe you	are a PEP?*	Yes	No		
Signatory Internet	Banking Access				
View only	Create and upda	ate	Create, update and ap	prove	Full access
Do you require acce	ess to statements?	Yes	No		
Does this person re	quire statements for				
All accounts	Other (please spe	cify)			None
Specimen signature	Specimen signature if a signatory				

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Controlling persons

- a) Please name each Controlling Person of the Trust. These include the appointer, the settlor, and each beneficiary. If the appointor is also a beneficiary only list them as appointor.
- b) For each Controlling Person specify the person's tax residency.

(a) Identify controlling persons

Appointor

Full name	Date of birth	Customer number
Residential address		Postcode

Settlor

Note: The settlor is the individual who settled the Trust by providing the settled sum to the Trustee. If unsure, please check with your accountant.

Full name	Date of birth	Customer number	
Residential address			Postcode
Beneficiary 1			
Full name	Date of birth	Customer number	
Residential address			Postcode
Beneficiary 2			
Full name	Date of birth	Customer number	
Residential address			Postcode

Beneficiary 3

Full name	Date of birth	Customer number	
	/ /		
Residential address			Postcode
Beneficiary 4			
Full name	Date of birth	Customer number	
	/ /		
Residential address			Postcode

Under Australian regulatory requirements, Bank Australia must collect tax residency information.

Please complete the relevant tax residency self-certification form; the forms and help guide can be found at <u>bankaust.com.au/foreign-tax</u>

Company's authorisation to open account

The Board of Directors of the company resolved that:

- 1. the company open an account with Bank Australia
- 2. the person(s) specified as signatories be authorised to sign on the company member's behalf on any of the company's accounts with the Bank.
- 3. where there are 2 or more signatories, the account signing authority will be as follows:
- 4. I/We have read the relevant conditions of use and agree to the bound of them. I/We have also read the Privacy Notification and consent to the contents therein

Any one to sign Any two to sign All parties to sign

I confirm that this is a true copy of the resolution. I have disclosed details about the company's directors as above.

Chairperson of the Board of Directors signature

Please print name

Authorised signatory signature

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

Date

/

Date

/

Please print name

Family trust account application

Solo or joint trustee's authorisation to open account

I/We have resolved that:

- 5. I/We open an account with Bank Australia
- 6. I/We have read the relevant conditions of use and agree to the bound of them. I/We have also read the Privacy Notification and consent to the contents therein
- 7. where there are 2 or more signatories, the account signing authority will be as follows:

Any two to sign

Any one to sign

All parties to sign

Trustee Signature

Trustee Signature

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



Please print name

Dat	e		
	/	/	

Please print name

Office use

Name of trust verified from trust deed/certified copy of trust deed (do not retain a copy of the Trust Deed)

For Appointor – Beneficial Owner Identification Procedure carried out and document(s) produced were:

Record of Identification Procedures for the signatories who are not members

For Signatory 1 – Customer Identification Procedure – Individual carried out and document(s) produced were:

For Signatory 2 – Customer Identification Procedure – Individual carried out and document(s) produced were:

Office use only				
For Signatory 3 – Customer Identification Procedure – Individual carried out and document(s) produced were:				
For Signatory 4 – Customer Identification Procedure – Individual carried out and document(s) produced were:				
Confirmation				
Staff member's signature	Seniors signature			
Operator number	Date / / Office use only			
Customer number				
Signatories				

Visit us at your nearest branch bankaust.com.au/support/branches Mailing something? 7-9 Seymour St, Traralgon VIC 3844 Email us mail@bankaust.com.au Talk to someone 132 888

Bank Australia Limited ABN 21 087 651 607 AFSL/Australian Credit Licence Number 238431