

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

Customer number

Joint trustee

Name

Customer number

Company trustee

Company's name

ACN

Company's registered office (mandatory)

Unit/floor/street number

Street name

Suburb/town

State

Postcode

Principal place of business if different from above

Office phone

Email address

Mailing address

Postcode

Required documents

Original or certified copy of the Trust Deed

Investment account

Term deposit

Please invest

Term

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

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	
				<input type="text" value="/ /"/>	
Home phone	Daytime phone		Mobile phone		
Email					
Residential address				Postcode	
Mailing address				Postcode	
Is this person	A director	A signatory			
Do you believe you are a PEP?*	Yes	No			
Internet banking	View only	Create and update	Create, update and approve	Full access	
Do you require access to statements?	Yes	No			
Does this person require statements for	All accounts	Other (please specify)	None		
Specimen signature if a signatory					
<input type="text"/>					

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 <i>(if a customer)</i>				Date of birth	
<input type="text" value="/ /"/>					
Home phone	Daytime phone		Mobile phone		
Email					
Residential address				Postcode	
Mailing address				Postcode	
Is this person	A director	A signatory			
Do you believe you are a PEP?*	Yes	No			
Internet banking	View only	Create and update	Create, update and approve	Full access	
Do you require access to statements?	Yes	No			
Does this person require statements for					
All accounts	Other (please specify)			None	
Specimen signature if a signatory					
<input type="text"/>					

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Person 3

Title	Given names				Surname
Customer number (if a customer)				Date of birth	<input type="text" value="/ /"/>
Home phone	Daytime phone		Mobile phone		
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signatory			
Do you believe you are a PEP?*	Yes	No			
Internet banking	View only	Create and update	Create, update and approve	Full access	
Do you require access to statements?	Yes	No			
Does this person require statements for					
All accounts		Other (please specify)			None
Specimen signature if a signatory					
<input type="text"/>					

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Person 4

Title	Given names				Surname
Customer number (if a customer)				Date of birth	<input type="text" value="/ /"/>
Home phone	Daytime phone		Mobile phone		
Email					
Residential address					Postcode
Mailing address					Postcode
Is this person	A director	A signatory			
Do you believe you are a PEP?*	Yes	No			
Internet banking	View only	Create and update	Create, update and approve	Full access	
Do you require access to statements?	Yes	No			
Does this person require statements for					
All accounts		Other (please specify)			None
Specimen signature if a signatory					
<input type="text"/>					

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Controlling persons

- a) Please name each Controlling Person of the Trust. These include the appointor, 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 bankaust.com.au/foreign-tax

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

Authorised signatory signature

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

Date

Please print name

Date

Please print name

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 one to sign Any two 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.

Date

Please print name

Date

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?
50 Moore Street, Moe VIC 3825

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