



**Joint trustee**

Customer number

Title

Given names

Surname

Home address

Postcode

Mailing address

Postcode

Email

Date of birth

/ /

Telephone

Work phone

Mobile phone

Sex

Male

Female

Non-binary

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.

## Company trustee – complete company account application

Company's name ACN

### Company's registered office (mandatory)

Mailing address Postcode

Principal place of business if different from above Postcode

Email Office phone

## Required documents

### Please attach the following documents:

Original or certified copy of the Trust deed. If a company trustee original or certified copy of Business Constitution or Business Certificate

## Investment account

### Term deposit

Please invest	Term: month/s or year/s	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      Commercial saver

### **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

### **Trust name**

Full name of trust from Trust deed

Industry where the business derives its income

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

(1) Full name of beneficiary

(2) Full name of beneficiary

(3) Full name of beneficiary

(4) Full name of beneficiary



**Beneficial owner's details (see note) – for more than 4 beneficiaries, attach a separate list**

(1) Full name of beneficial owner

Date of birth

Beneficial owner's full residential address

Postcode

(2) Full name of beneficial owner

Date of birth

Beneficial owner's full residential address

Postcode

(3) Full name of beneficial owner

Date of birth

Beneficial owner's full residential address

Postcode

(4) Full name of beneficial owner

Date of birth

Beneficial owner's full residential address

Postcode

**Details of the class of beneficiaries for discretionary trusts – if unsure, check details with your accountant**

If the trust is a discretionary trust, give details of the class of beneficiaries

Type of trust

**Appointor**

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

Full name of Appointor

**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](http://bankaust.com.au/foreign-tax)

### Solo or joint trustee's authorisation to open account

I/We have resolved that:

1. I/We open an account with Bank Australia
2. 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
3. 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.

Please print name

Please print name

Date

Date



**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.

**Chairperson of the Board of Directors**

**Authorised signatory**

Signature

Signature

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

Please print name

Please print name

Date

Date

**Office use**

Name of trust verified from trust deed/certified copy of trust deed

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

**For Beneficial Owner 1** – Beneficial Owner Identification Procedure carried out and document(s) produced were:

**For Beneficial Owner 2** – Beneficial Owner Identification Procedure carried out and document(s) produced were:

**For Beneficial Owner 3** – Beneficial Owner Identification Procedure carried out and document(s) produced were:

**For Beneficial Owner 4** – Beneficial Owner Identification Procedure carried out and document(s) produced were:

**Confirmation**

Staff member’s signature

Seniors signature

Operator number

Date

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