

SMSF name and ABN

Customer number Full name of trust

ABN Registered
Yes

Details of the customer (the trustee)

Solo trustee

Name Customer number

Joint trustee

Name Customer number

Company trustee

Company's name ACN

Company's registered office (mandatory)

Address Postcode

Principal place of business if different from above

Address Postcode

Email address Office phone

Industry where the business derives its income

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 account	Commercial saver account
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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			
		<div>/ /</div>		
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				
<div></div>				

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		
		<div>/ /</div>		
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				
<div></div>				

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Person 3

Title	Given names	Surname		
Customer number (if a customer)		Date of birth		
		<div>/ /</div>		
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				
<div></div>				

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Person 4

Title	Given names	Surname		
Customer number (if a customer)		Date of birth		
		<div>/ /</div>		
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				
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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 be bound by 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 and beneficial owners as above.

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



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 be bound by 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		Trustee
Signature		Signature
<div></div>		<div></div>

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

Please print name

Date

/ /

Date

/ /

Office use only

Customer number

Signatories

Confirmation

Staff member’s signature	Seniors signature
Operator number	Date
	<div>/ /</div>

Office use

Registration verified from <https://superfundlookup.gov.au/>

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:

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:

Visit us at your nearest branch
bankaust.com.au/support/branches

Mailing something?
7-9 Seymour Street, 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



Self-managed super fund (SMSF) trust account