

# Self-managed super fund (SMSF) Trust account



## 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



## 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		
<input type="checkbox"/> A director	<input type="checkbox"/> A signatory	
Do you believe you are a PEP?*		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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.

\* 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 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

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 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

Specimen signature if a signatory

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**Person 4**

Title                      Given names    Surname

Customer number (if a customer)

Date of birth

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

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.

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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 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 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 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.

Please print name

Please print name

Date

Date

**Office use only**

Customer number

Signatories

**Confirmation**

Staff member's signature

Seniors signature

Operator number

Date



**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:

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**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