# 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 (mandato	ery)	
Address		Postcode
Principal place of business if different fr	om ahove	
	om 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

#### 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	Customer number (if a customer)	Surname
Given names		Date of Birth
Home phone	Daytime phone	Mobile phone
Email		
Residential address	Mailing address	
Postcode	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 physi	cal signature on this form, once comple	ted print off and sign before sending.

<sup>\*</sup> 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	Customer number (if a customer)	Surname
Given names		Date of Birth
Home phone	Daytime phone	Mobile phone
Email		
Residential address	Mailing address	
Postcode	Postcode	
Is this person		
A director A signatory		
Do you believe you are a PEP?*		
Yes No		
Specimen signature if a signatory		
Discool has a ways that we wanting a physic	and signature on this forms on an analysis.	stad print off and sign before sometime

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

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Person 3		
Title	Customer number (if a customer)	Surname
Given names		Date of Birth
Home phone	Daytime phone	Mobile phone
Email		
Residential address	Mailing address	
Postcode	Postcode	
Is this person		
A director A signatory		
Do you believe you are a PEP?*		
Yes No		
Specimen signature if a signatory		
Diagon ha aware that we require a physic	ical aignatura on this form, and a comple	tad print off and sign before condin

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

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Person 4		
Title	Customer number (if a customer)	Surname
Given names		Date of Birth
Home phone	Daytime phone	Mobile phone
Email		
Residential address	Mailing address	
Postcode	Postcode	
Is this person		
A director A signatory		
Do you believe you are a PEP?*		
Yes No		
Specimen signature if a signatory		
Please he aware that we require a phys	ical signature on this form, once comple	ted print off and sign before sending

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

Onall person of the Board of Directors	Additions a 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		Trustee
Signature		Signature
Please be aware that w	e require a physical sig	gnature on this form, once completed print off and sign before sending.
Please print name		Please print name
Date		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:	
Staff initials Operator number	

## 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

