

## Proof of Identity

Under the Anti-Money Laundering and Counter-Terrorism Financing laws, you are required to produce proof of identity before your membership is accepted. Some acceptable forms of identification are a passport, birth certificate or Medicare. A full list is available on our website. If you are unable to do this in person, you need to supply a certified true copy of your identification and a certification form completed by a person qualified by law to do so. A list of approved certifiers is available on our website.

## Personal Details

Title      Given Name(s)      Other Name(s)

Surname

Country of Residence

Gender:    Male    Female    D.O.B

Residential Address

Suburb                                  State                                  Post Code

Postal Address                      As above

Suburb                                  State                                  Post Code

Home Phone

Mobile

Email

### Tax File Number Or Withholding Tax Exemption:

Note: The collection and use of your TFN is regulated by applicable tax and privacy laws. It is not compulsory to provide your TFN, however if you do not, withholding tax will be deducted from your accounts.

Are you a Tax Resident in a jurisdiction other than Australia?

Yes      No

If yes, please specify the country and provide your Tax Identification

Number (TIN):

Country 1                                  TIN

Country 2                                  TIN

Note: A TIN is the tax reference number issued to you by the tax office in the country where you are a resident for tax purposes. Where a country does not issue a TIN, complete an equivalent number, for example a social security, national insurance, personal identification or a resident registration number.

**Parent/Guardian Details**

Are you an existing member?    Yes    No

If you are not an existing member, please complete an Adult Membership Application form for the Authorised Signatory in addition to this Junior form.

Member Number		Postal Address	As above		
Title	Given Name(s)	Other Name(s)	Suburb	State	Post Code
Surname		Home Phone			
Residential Address		Mobile			
Suburb	State	Post Code	Email		

**Accounts and access facilities options\***

Select the account/s you wish to open:

Military Kids	Access
Online Saver	Recruit Salary Saver

Select the access facilities you wish to use:

Visa Debit card (11+ yrs only)
Digital Banking (11+ yrs only)

**Declaration and Signature**

By signing this application form,

- ▶ I/We agree to become a member of Australian Military Bank.
- ▶ I/We agree to our personal information being collected, used and shared in accordance with the Australian Military Bank Privacy Collection Notice and Privacy Policy available at [australianmilitarybank.com.au/privacy](http://australianmilitarybank.com.au/privacy).
- ▶ I/We have received, read and understood Australian Military Bank Account and Access Terms and Conditions, Fees and Charges Schedule, Target Market Determination and Financial Services Guide available at [australianmilitarybank.com.au/discloseddocuments](http://australianmilitarybank.com.au/discloseddocuments).
- ▶ I/We agree to our information being checked with the document issuer or official record holder via third party systems to confirm our identity.
- ▶ I/We agree to receive statements and other communications about our account/s electronically via email, SMS and/or digital banking. I/We understand we may request paper statements at any time, however fees and changes may be applicable as per the Fees and Charges Schedule.
- ▶ I/We agree that the Parent/Guardian will be the appointed Authorised Signatory on this account.

**Signature of Applicant(s)**

Name of Applicant

Authorised Signatory

Signature

(of child or parent on behalf of child)

Date

Signature

Date

\*digital signatures accepted

\*digital signatures accepted

**Office Use Only**

Member(s) verified	Member Number created	Visa Debit card ordered	Digital banking enabled
F&C Schedule supplied	Privacy Policy and Notice Supplied	T&C supplied	TMD Supplied
FSG supplied	Interaction (ANI)	Authorised signatory set up	Signature card completed
Account Switching requested	TFN deleted/obscured	Confirmation email sent to member	

Member Number Created

Account Number

Staff Member 1: Name and Operator Number

Staff Member 2: Name and Operator Number

Signature 1

Signature 2