

Bring this form into a branch or send this form to:
Australian Military Bank, PO Box H151, Australia Square NSW 1215

ACCOUNT DETAILS

Entity's Name

Entity's Member Number

Account Number

Account Number

Account Number

Account Number

Please update the signatories to this account by removing and adding those signatories specified below:

SIGNATORY DETAILS TO BE RETAINED

Signatory Full Name

Member Number

Signatory Full Name

Member Number

Signatory Full Name

Member Number

Signatory Full Name

Member Number

SIGNATORY DETAILS TO BE REMOVED

Signatory Full Name

Member Number

Visa Card

Signatory Full Name

Member Number

Visa Card

Signatory Full Name

Member Number

Visa Card

Signatory Full Name

Member Number

Visa Card

SIGNATORY DETAILS TO BE ADDED

Signatory 1

Member Number

OR Client Number (Office Use Only)

Title Given Name(s) Other Name(s)

Surname

Date of Birth

Rank (if applicable)

Residential Address

Suburb

State

Postcode

Mailing Address (if different from above)

Suburb

State

Postcode

Home Phone

Work Phone

Signatory 2

Member Number

OR Client Number (Office Use Only)

Title Given Name(s) Other Name(s)

Surname

Date of Birth

Rank (if applicable)

Residential Address

Suburb

State

Postcode

Mailing Address (if different from above)

Suburb

State

Postcode

Home Phone

Work Phone

Signatory 1 (Continued)

| | |
|--|----------------------|
| Mobile | Service Number |
| <input type="text"/> | <input type="text"/> |
| Email | |
| <input type="text"/> | |
| Occupation | |
| <input type="text"/> | |
| Country of Residence | |
| <input type="text"/> | |
| Citizenship | |
| <input type="text"/> | |
| Are you a Tax Resident in a jurisdiction other than Australia? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify the country and provide your Tax Identification Number (TIN): | |
| Country 1 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 2 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 3 | TIN |
| <input type="text"/> | <input type="text"/> |

Signatory 2 (Continued)

| | |
|--|----------------------|
| Mobile | Service Number |
| <input type="text"/> | <input type="text"/> |
| Email | |
| <input type="text"/> | |
| Occupation | |
| <input type="text"/> | |
| Country of Residence | |
| <input type="text"/> | |
| Citizenship | |
| <input type="text"/> | |
| Are you a Tax Resident in a jurisdiction other than Australia? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please specify the country and provide your Tax Identification Number (TIN): | |
| Country 1 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 2 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 3 | TIN |
| <input type="text"/> | <input type="text"/> |

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.

Signatory 3

| | | | |
|---|------------------------------------|----------------------|--|
| Member Number | OR Client Number (Office Use Only) | | |
| <input type="text"/> | <input type="text"/> | | |
| Title | Given Name(s) | Other Name(s) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Surname | Date of Birth | | |
| <input type="text"/> | <input type="text"/> | | |
| Rank (if applicable) | | | |
| <input type="text"/> | | | |
| Residential Address | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Mailing Address (if different from above) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Home Phone | Work Phone | | |
| <input type="text"/> | <input type="text"/> | | |

Signatory 4

| | | | |
|---|------------------------------------|----------------------|--|
| Member Number | OR Client Number (Office Use Only) | | |
| <input type="text"/> | <input type="text"/> | | |
| Title | Given Name(s) | Other Name(s) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Surname | Date of Birth | | |
| <input type="text"/> | <input type="text"/> | | |
| Rank (if applicable) | | | |
| <input type="text"/> | | | |
| Residential Address | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Mailing Address (if different from above) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Home Phone | Work Phone | | |
| <input type="text"/> | <input type="text"/> | | |

Signatory 3 (Continued)

Mobile Service Number

Email

Occupation

Country of Residence

Citizenship

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 |
| <input type="text"/> | <input type="text"/> |
| Country 2 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 3 | TIN |
| <input type="text"/> | <input type="text"/> |

Signatory 4 (Continued)

Mobile Service Number

Email

Occupation

Country of Residence

Citizenship

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 |
| <input type="text"/> | <input type="text"/> |
| Country 2 | TIN |
| <input type="text"/> | <input type="text"/> |
| Country 3 | TIN |
| <input type="text"/> | <input type="text"/> |

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.

ACCOUNTS AND PRODUCTS

Select the account/s* you wish to open:

- Access Mess Christmas Club
 DIY Super Saver Star Saver Direct
 Term Deposit Other: _____

Select the access facilities you wish to use:

Signatory 1. Name _____

- Visa Debit Card (not available if two to sign)
 Online/Mobile Banking

Signatory 2. Name _____

- Visa Debit Card (not available if two to sign)
 Online/Mobile Banking

Signatory 3. Name _____

- Visa Debit Card (not available if two to sign)
 Online/Mobile Banking

Signatory 4. Name _____

- Visa Debit Card (not available if two to sign)
 Online/Mobile Banking

*Terms and Conditions apply. Please refer to our Terms and Conditions and Schedule of Fees and Charges available on our website. Membership confers rights and obligations under Australian Military Bank's Constitution, a copy of which can be obtained on request.

UNINCORPORATED ASSOCIATION SIGNATORIES

All signatories to this account are jointly and severally responsible for any overdrawn funds.

SIGNATORY SIGNATURES

Signatory 1 Signature

Print Name

 Date / /

Signatory 2 Signature

Print Name

 Date / /

Signatory 3 Signature

Print Name

 Date / /

Signatory 4 Signature

Print Name

 Date / /

AUTHORISATION OF NEW NOMINATED OFFICER AND/OR SIGNING INSTRUCTIONS (IF REQUIRED)

The Board of Directors of the company or the Committee of the association resolved that:

1. _____ [insert name of nominated officer] be appointed the body corporate's nominated officer and the nominated officer be authorised, on the body corporate's behalf to make changes from time to time to the signatories after the date of this authorisation.
 2. the person(s) specified as signatories be authorised to sign on the body corporate member's behalf on any of the body corporate accounts with Australian Military Bank.
 3. where there are two or more signatories, the account signing authority will be as follows: Any one to sign, OR Any two to sign
- I confirm that the request for the above signatories, accounts, products and access methods were resolved at a meeting held on: / /

Chairman Signature/Rank

Print Name

 Date / /

Chairman Signature/Rank

Print Name

 Date / /

Attach one of the following documents:

- An original or certified copy of the meeting minutes detailing changes required.
- An original or certified copy of a letter from the Commanding Officer detailing changes required.

OFFICE USE ONLY

- VDC ordered
 VDC cancelled
 Forms uploaded to Alfresco
 Interaction loaded

Staff Name

Actioned by

Staff Signature

Signature