

Guide to completing this form: This form is for Unregulated trusts and trustees. For Self-Managed Superannuation Funds, please complete the Regulated Trust Application form.

TRUST DETAILS

Trust Name	ABN	Account Number (Office use only)			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Registered Address (PO Box is NOT acceptable)	Mailing Address (if different from registered office) (PO Box is NOT acceptable)				
<input type="text"/>	<input type="text"/>				
Suburb	State	Postcode	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Office Phone Number	Fax Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Country where Trust established	Type of Trust				
<input type="text"/>	<input type="checkbox"/> Family Trust <input type="checkbox"/> Charitable Trust <input type="checkbox"/> Testamentary Trust				
	<input type="checkbox"/> Other Trust (please provide description) _____				

Tax File Number Notification:

Please provide your Tax File Number (TFN). Not quoting your TFN may result in tax being taken out of your interest.

☐ I/We do not wish to provide Australian Military Bank with our TFN.

Settlor Details

Please provide the full name of the settlor of the Trust, unless the material asset contribution to the Trust by the settlor at the time the trust is established is less than AUD\$10,000 or the settlor is deceased.

Given Name(s)	Surname
<input type="text"/>	<input type="text"/>

Corporate Trustee details (where relevant)

Company Name	ACN				
<input type="text"/>	<input type="text"/>				
Registered Address (PO Box is NOT acceptable)	Principal Place of Business Address (PO Box is NOT acceptable)				
<input type="text"/>	<input type="text"/>				
Suburb	State	Postcode	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRUST IDENTIFICATION

Please attach the following identification documents for the trust:

- ☐ An original or certified copy of the Trust Deed or extract of the Trust Deed
- ☐ An original or certified copy of the Letters of Probate, Letters of Administration or the will for deceased estates

ACCOUNT METHOD OF OPERATION

☐ One account holder to sign ☐ Two account holders to sign

ACCOUNTS AND ACCESS FACILITIES OPTIONS*

Select the account/s you wish to open:

☐ Access ☐ Term Deposit ☐ Star Saver Direct ☐ Other: _____

Select the access facilities you wish to use:

☐ Visa Debit Card (not available if two to sign)
☐ Online Business Banking (maximum 2 administrators)

Administrator 1 Name

Administrator 2 Name

*Terms and Conditions apply. Please refer to the Terms and Conditions and Schedule of Fees and Charges available on our website.

INDIVIDUAL TRUSTEE/DIRECTOR DETAILS

Instructions for completion:

- Please select whether a person is a beneficial owner.
- A beneficial owner is an individual who ultimately owns or controls (directly or indirectly) the association/club. Ownership means owning more than 25% of the association/club.
- If there are more than 2 trustees, attach a separate list.

Person 1 ☐ Individual Trustee ☐ Director ☐ Beneficial Owner

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

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

Country 2 TIN

Country 3 TIN

Person 2 ☐ Individual Trustee ☐ Director ☐ Beneficial Owner

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

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

Country 2 TIN

Country 3 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.

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

A Politically Exposed Person (PEP) is someone who performs important public functions. For example:

- A high ranking member of the armed forces (top three senior levels of each service)
- Heads of state, government and cabinet ministers
- Senior government officials
- Senior executive of state-owned organisation

A PEP is also the immediate family member of a person referred to above, including a spouse, defacto partner or child.

BENEFICIARY DETAILS

Do the terms of the Trust identify the beneficiaries by reference to membership of a class?

☐ Yes ☐ No

Provide the details of the membership class/es

(eg. Unit holders, family members of named person, charitable organisations/causes)

How many beneficiaries are there?

If there are more than 4 beneficiaries, attach a separate list.

Beneficiary 1

Title Given Name(s) Other Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

Beneficiary 2

Title Given Name(s) Other Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

Beneficiary 3

Title Given Name(s) Other Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

Beneficiary 4

Title Given Name(s) Other Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

DECLARATION AND SIGNATURE

You agree to become a member of Australian Military Bank when we open this account. For further information about membership, please refer to our Constitution. The Trustee acknowledges that it is responsible for ensuring that any persons appointed as nominated officer or signatory on the account conduct themselves responsibly and in accordance with the instructions of the Trustee.

Marketing and other purposes

From time to time Australian Military Bank may contact you with news, services, products, offers and promotions. This may happen via mail, email, SMS or telephone. Our Privacy Policy is available at australianmilitarybank.com.au.

☐ Opt out of communications

Personal information

I/We acknowledge and agree that Australian Military Bank and any company related to Australian Military Bank can collect and disclose my personal information as required by law.

I/We agree that if Australian Military Bank engages anyone (a Service Provider) to do something on its behalf then Australian Military Bank and the service provider may exchange with each other any personal information the service provider lawfully obtains about me/us in the course of acting on Australian Military Bank's behalf. Service providers may include but are not limited to solicitors and legal advisers, accountants and auditors, property valuers, printers and mailing services, insurers and mortgage insurers, financial planners, retirement product managers, credit card issuers, ATM/EFTPOS service providers, collection agencies, conveyancers, credit reporting agencies, and Government agencies which regulate our products and services.

Individual Trustee/Director 1 Signature

Print Name

<input type="text"/>	Date	/	/
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Individual Trustee/Director 2 Signature

Print Name

<input type="text"/>	Date	/	/
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OFFICE USE ONLY

<input type="checkbox"/> Trustees verified	<input type="checkbox"/> Trust name verified	<input type="checkbox"/> FSG supplied	<input type="checkbox"/> T&C supplied	<input type="checkbox"/> F&C supplied
<input type="checkbox"/> Privacy statement supplied	<input type="checkbox"/> Internet Banking access granted to Signatories/owners	<input type="checkbox"/> Phone banking enabled	<input type="checkbox"/> Interaction	
<input type="checkbox"/> Visa debit for Signatories/owners ordered				

Staff Name and Operator Number

Supervisor Signature

Date / /

Member Number Created