

Company membership application.



Applicant to complete this section.

Company details.

Full name of company.	<input type="text"/>		
Principal business address.	<input type="text"/>	Phone.	<input type="text"/>
	<input type="text"/> State. <input type="text"/> Postcode. <input type="text"/>	Email.	<input type="text"/>
Registered office address (if different from above).	<input type="text"/>	A.C.N.	<input type="text"/> A.B.N.
	<input type="text"/> State. <input type="text"/> Postcode. <input type="text"/>	Nature of business or industry.	<input type="text"/>
Mailing address (if different from above).	<input type="text"/>	Authorised person and point of contact. ¹	<input type="text"/>
	<input type="text"/> State. <input type="text"/> Postcode. <input type="text"/>	Position at organisation.	<input type="text"/>
Intended nature of the business relationship.	<input type="text"/>		

Tax Residency Declaration.

Is the company a tax resident of a country other than Australia?² Yes. No.

If yes, please list the country of tax residency and T.I.N. (Taxpayer Identification Number).

Country.	<input type="text"/>	T.I.N.	<input type="text"/>
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Company type. Public company. Proprietary company.

If a proprietary company.

Please list the full name of each director and provide a list of company directors and secretaries issued on ASIC letterhead.

Director name 1.	<input type="text"/>	Director name 4.	<input type="text"/>
Director name 2.	<input type="text"/>	Director name 5.	<input type="text"/>
Director name 3.	<input type="text"/>	Director name 6.	<input type="text"/>

Are there any individuals who own or control 25% or more of the company's issued capital?³ Yes. No.

If yes, complete the 'Beneficial owner/controller/signatory' details section overleaf for all such beneficial owners/controllers.

Any other individuals authorised to sign on accounts, including existing Defence Bank member's must also complete the 'Beneficial owner/controller/signatory' section.

¹ The authorised person and point of contact is authorised to receive notices, hold the share in trust and vote on behalf of the company. This person will also have the authority to open the membership and accounts, and to transact on behalf of the company. Please complete their details in column 1 below.

² A response to this question is mandatory. If the company is a tax resident of a country other than Australia, you must list the country of tax residency and Taxpayer Identification Number (T.I.N.).

³ An individual who is recorded as having a holding equal to or more than 25% of the shares issued by the company is considered to be a beneficial owner/controller of the company.

⁴ For Taxation purposes - We request your TFN in order to ensure we can provide it to the

Australian Taxation Office to comply with taxation law. It is not an offence if you do not quote your TFN. If you don't, tax on any income earned may be automatically deducted at the highest marginal tax rate. Your TFN will automatically apply to future accounts created under this membership. You must also complete questions A and B and where applicable C. ⁵ The completion of this question is mandatory for all individuals connected to this membership as Defence Bank is required to comply with reporting obligations under the Foreign Account Tax Compliance Act 2010 (FATCA) and Common Reporting Standards (CRS) legislation. If the individual is not an Australian resident for taxation purposes, the relevant country and Taxpayer Identification Number (T.I.N.) details must be provided under items B or C (as applicable).

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Deposit products required.

Please open the following accounts (Tick one of 'one' or 'two signatures' required).

Everyday banking.

<input type="checkbox"/> Everyday Access.	<input type="checkbox"/> One signature required.	<input type="checkbox"/> Two signatures required.
<input type="checkbox"/> Other.	<input type="checkbox"/> One signature required.	<input type="checkbox"/> Two signatures required.

Amount. \$ Term (in months).

Savings accounts.

<input type="checkbox"/> iSaver.	<input type="checkbox"/> One signature required.	<input type="checkbox"/> Two signatures required.
<input type="checkbox"/> Max eSaver.	<input type="checkbox"/> One signature required.	<input type="checkbox"/> Two signatures required.
<input type="checkbox"/> Term deposit.	<input type="checkbox"/> One signature required.	<input type="checkbox"/> Two signatures required.

Important: Please tick 'one' or 'two signatures' required boxes for all deposit products required. If no signing authority is indicated the 'two to sign' signing authority will apply.

Accessing your accounts.

Online Banking.

Online Banking on 'one signature required' accounts. Business banking on 'two signatures required' accounts.

Please nominate signatories to be issued passwords to access online banking in their respective 'beneficial owners/controllers and/or signatories' section on page 2 or 3 of this application. If customised access to accounts is required, eg only specific accounts will be available in online banking, please complete F675 business banking and two to sign banking application.

Please communicate with me electronically.

When we communicate with you electronically we will give you electronic, not paper documents. You can always change your preferences and ask that we start sending paper documents again. Please make sure you regularly check to see if we have sent you any documents or information electronically.

Privacy information.

Defence Bank complies with applicable Privacy laws. General information about how we collect, use and disclose personal information about you is set out in our Defence Bank Products and Services - Conditions of Use. Our Privacy Policy provides additional information about how we handle your personal information. Both of these documents can be viewed on our website at defencebank.com.au or are available on request. When you access our website the terms of our Website Privacy Notice also apply. When you apply for a loan product we will ask that you give us various privacy permissions.

Your acknowledgment.

By signing this Membership Application Form, I/we acknowledge and agree to the following:

- To be bound by the Constitution of Defence Bank Limited (as altered from time to time) as governed by the *Corporations Act 2001 (Cth)*, and for one share to be issued together with the payment of the subscription price.
- To comply with the terms and conditions of the Defence Bank Products and Services – Conditions of Use and am aware that fees and charges may apply as detailed in the Defence Bank Fees and Charges Schedule. Both of these documents are available at Defence Bank branches and at defencebank.com.au.
- It is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Act)* to give false and misleading information.
- For my personal information to be collected, used and disclosed in accordance with Defence Bank's Privacy Policy and the *Privacy Act 1998 (Cth)*. This includes verification of personal information as required by the AML/CTF Act.
- That the information provided in this form reflects my/our true tax residency status and that I/we will update Defence Bank immediately of any changes to my/our tax residency status.
- That the information contained in this application and information regarding the Authorised Person(s) and any Reportable Account(s) may be provided to the Australian Taxation Office and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Authorised Person(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I understand that if I provide Defence Bank with incomplete or inaccurate information that Defence Bank may not be able to provide me with the products and services that I am seeking.
- I am a duly authorised representative of the Company authorised to apply for membership and to open the accounts and services as requested.
- That this authority will be in operation until I notify Defence Bank of any changes in writing.

Signature. Date. / /

Company membership application.



Applicant to complete this section.

Verification of company.

Defence Bank requires the following original documents, or certified copies, to open a membership for the company.

- Registration of business name (if applicable).
- Certificate of registration of a company.
- List of company directors and secretaries on ASIC letterhead.

Beneficial owners/controllers and/or signatories.

Please complete all fields for each beneficial owner/controller and/or signatory. The signature of each individual confirms their details provided are true and correct.

Please check the 'Yes' or 'No' boxes in the heading for each individual to indicate if they are a beneficial owner/controller and/or are to be a Signatory. If the 'Yes' box is checked to nominate an individual as a 'Signatory', that individual will be authorised to sign on all deposit accounts opened as part of this Application, as per the signing authority nominated for each account. If a different signing authority is to be established for individual accounts, please complete a F629 New Account Application - Non-personal deposit accounts.

If Online Banking/Business Banking has been selected in the 'Account access' section on page 1, please check the 'Yes' or 'No' box in the 'Issue a password for Online Banking/Business Banking' field for each Signatory to indicate if this access is to be provided or not. If both boxes are left blank, a password will not be issued.

Verification of individuals

Defence Bank is required to verify the identity of all individuals listed in this Section who are not already members of Defence Bank by sighting acceptable identification documents as listed on page 6 of this form. Existing members may also be asked to provide identification documents where Defence Bank does not hold current documents to verify their identity.

Authorised person and point-of-contact.	Beneficial owner/controller.	Yes.	No.	Signatory.	Yes.	No.
Defence Bank member number.	<input type="text"/>			Residential address.	<input type="text"/>	
Title/rank.	<input type="text"/>	M. <input type="checkbox"/>	F. <input type="checkbox"/>	<input type="text"/>	State. <input type="text"/>	Postcode. <input type="text"/>
Last name.	<input type="text"/>	Phone.	<input type="text"/>	Other phone.	<input type="text"/>	
First name.	<input type="text"/>	Email.	<input type="text"/>			
Middle name(s).	<input type="text"/>	Occupation.	<input type="text"/>			
Tax Residency Declaration.						
Are you an Australian resident for taxation purposes? ⁴ (see on page 1).	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>		
Are you a US citizen or US resident for taxation purposes?	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>	If yes, please provide your U.S. T.I.N. (Taxpayer Identification Number).	<input type="text"/>
If neither of above apply, please list your country and Taxpayer Identification Number (T.I.N). ⁵ (see on page 1).						
Country.	<input type="text"/>	T.I.N.	<input type="text"/>			
Issue a password for online and/or business banking (see online banking in the account access section on page 2).	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>		
Date of birth.	<input type="text"/>	/	<input type="text"/>	/	Signature.	<input type="text"/>

Company membership application.



Applicant to complete this section.

Authorised person and point-of-contact. Beneficial owner/controller. Yes. No. Signatory. Yes. No.

Defence Bank member number. Residential address.

Title/rank. M. F. State. Postcode.

Last name. Phone. Other phone.

First name. Email.

Middle name(s). Occupation.

Tax Residency Declaration.

Are you an Australian resident for taxation purposes?²⁴ (see on page 1). Yes. No.

Are you a US citizen or US resident for taxation purposes? Yes. No. If yes, please provide your U.S. T.I.N. (Taxpayer Identification Number).

If neither of above apply, please list your country and Taxpayer Identification Number (T.I.N).⁵ (see on page 1).

Country. T.I.N.

Issue a password for online and/or business banking (see online banking in the account access section on page 2). Yes. No.

Date of birth. / / Signature.

Authorised person and point-of-contact. Beneficial owner/controller. Yes. No. Signatory. Yes. No.

Defence Bank member number. Residential address.

Title/rank. M. F. State. Postcode.

Last name. Phone. Other phone.

First name. Email.

Middle name(s). Occupation.

Tax Residency Declaration.

Are you an Australian resident for taxation purposes?²⁴ (see on page 1). Yes. No.

Are you a US citizen or US resident for taxation purposes? Yes. No. If yes, please provide your U.S. T.I.N. (Taxpayer Identification Number).

If neither of above apply, please list your country and Taxpayer Identification Number (T.I.N).⁵ (see on page 1).

Country. T.I.N.

Issue a password for online and/or business banking (see online banking in the account access section on page 2). Yes. No.

Date of birth. / / Signature.

Company membership application.



Applicant to complete this section.

Authorised person and point-of-contact. Beneficial owner/controller. Yes. No. Signatory. Yes. No.

Defence Bank member number. Residential address.

Title/rank. M. F. State. Postcode.

Last name. Phone. Other phone.

First name. Email.

Middle name(s). Occupation.

Tax Residency Declaration.

Are you an Australian resident for taxation purposes?²⁴ (see on page 1). Yes. No.

Are you a US citizen or US resident for taxation purposes? Yes. No. If yes, please provide your U.S. T.I.N. (Taxpayer Identification Number).

If neither of above apply, please list your country and Taxpayer Identification Number (T.I.N).⁵ (see on page 1).

Country. T.I.N.

Issue a password for online and/or business banking (see online banking in the account access section on page 2). Yes. No.

Date of birth. / / Signature.

Submitting your form.

Your completed application form and certified documents can be posted to (no stamp required):

Reply Paid 14537
Defence Bank limited
PO Box 14537
MELBOURNE VIC 8001

Office use only.

Opening deposit details.

Defence Bank member number. Cash. \$

Shared account number. Transfer. \$

Deposit account number(s). **Total deposit.** \$

Term deposit account number.

Member registered. Registration of business name.

List of company directors and secretaries on ASIC letterhead.

Member registered. Online banking. eStatements. Certificate of registration of a company.

Company membership application.



Office use only.

Identification sighted and both signatures checked.

Staff name 1.	<input type="text"/>	Staff name 2.	<input type="text"/>
Signature and date.	<input type="text"/> / <input type="text"/>	Signature and date.	<input type="text"/> / <input type="text"/>
Working alone? Yes. <input type="checkbox"/> No. <input type="checkbox"/>		Branch name.	<input type="text"/>

Applicant to complete this section.

Documents required.

You should provide sufficient documents from the lists below to verify your full name and either your date of birth and/or residential address. If your photographic identification does not have your full name and either your date of birth or residential address, you can use an additional non photographic identification document to fulfil this requirement.

At least one form of photographic identification should be provided.

Acceptable photographic identification.

- Driver licence.
- Learner permit.
- NSW birth card.
- Passport.
- Photo ID public service employee.
- Proof of age card.

Acceptable non-photographic identification (if required).

- Current Australian Taxation Office notice of assessment.
- Birth certificate.
- Citizenship certificate.
- Australian Electoral Office electoral roll confirmation form.
- Current local government notice.
- Pension card.
- Current electricity, gas or water bill.

If you can't make it to a branch.

If you are unable to visit a branch, you can send us copies of your documents certified by any of the following approved certifiers. The person certifying the document must have sighted the original and write the following on each page that is copied:

"This is to certify that this is a true copy of the original which I have sighted." • Name • Title • Signed •Date.

The certifier must also complete their details and the documents certified in the space provided on page 2 of this form.

Certifier categories.

- Legal practitioner.
- Judge.
- Magistrate.
- CEO of a federal court.
- Registrar of a court.
- Justice of the peace.
- Notary public.
- Police officer.
- Australian consular or diplomatic officer.
- Officer of a financial institution (2 years).
- Finance company officer (2 years).
- Officer or Auth. Rep. of AFS licensee.
- Accountant (member of a recognised accounting body).
- A prescribed witness as defined under schedule 2 of the Statutory Declarations Regulations 1993.

Certifier details.

Last name.	<input type="text"/>	Occupation.	<input type="text"/>
First name.	<input type="text"/>	Residential address.	<input type="text"/>
Middle name(s).	<input type="text"/>	State.	<input type="text"/>
Phone.	<input type="text"/>	Postcode.	<input type="text"/>
	Certifier category (see above).	<input type="text"/>	Registration number (if applicable).
		<input type="text"/>	<input type="text"/>

Company membership application.



Applicant to complete this section.

Documents certified (please complete for all documents certified).

Document 1.

Person to whom document relates.

Type of document.

Name on document 1.

Document 4.

Person to whom document relates.

Type of document.

Name on document 4.

Document 2.

Person to whom document relates.

Type of document.

Name on document 2.

Document 5.

Person to whom document relates.

Type of document.

Name on document 5.

Document 3.

Person to whom document relates.

Type of document.

Name on document 3.

Document 6.

Person to whom document relates.

Type of document.

Name on document 6.

I have examined the original documents listed above. I have endorsed each copy of the identification document as requested opposite. It is an offence under the *AML/CTF Act 2006* to give false and misleading information.

Certifier signature.

Date. / /

Office use only.

Identification sighted and both signatures checked.

Staff name 1.

Staff name 2.

Signature and date. /

Signature and date. /

Working alone? Yes. No.

Branch name.