

Membership application. Partnership.



Applicant/s to complete this section.

Partnership details.

Name of Partnership.	<input type="text"/>	Mailing address.	<input type="text"/>			
Full business name of Partnership.	<input type="text"/>	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
ABN (if applicable).	<input type="text"/>	Phone.	<input type="text"/>	Other phone.	<input type="text"/>	
Full name of Nominated Partner. ¹	<input type="text"/>	Email.	<input type="text"/>			
Nature of intended business relationship.	<input type="text"/>					

Tax Residency Declaration.

A. Was the Partnership established in, or is the Partnership a tax resident of, a country other than Australia?² Yes. No.
If yes, please list the country of tax residency and Taxpayer Identification Number (T.I.N).

Country.	<input type="text"/>	T.I.N.	<input type="text"/>
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Is the Partnership regulated by a professional association? Yes. No.
If yes, please name the professional association.

If no, please enter the full name and residential address of all remaining Partners. (Details of the Nominated Partner are not required in this section.)

Partner 2.	<input type="text"/>	Partner 4.	<input type="text"/>
Partner 3.	<input type="text"/>	Partner 5.	<input type="text"/>

Do any of the Partners named above (including the Nominated Partner) own 25% or more of the Partnership?³ Yes. No.
If yes, complete the 'Nominated Partner, beneficial owners and/or signatories' section overleaf for all such Partners.

Any other individuals authorised to sign on accounts must also complete the 'Nominated Partner, beneficial owners and/or signatories' section overleaf, including existing members of Defence Bank.

New (and existing members for whom Defence Bank does not hold current identification documents) must also provide identification documents to verify their identity (see the 'Nominated Partner, beneficial owners and/or signatories' section overleaf).

Deposit products required.

Please open the following accounts:

Everyday Banking.

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

Savings Accounts.

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

Amount. \$

Term (in months).

Important: Tick 'one signature required' or 'two signatures required' boxes for all deposit products required if a joint account holder is nominated. If no signing authority is indicated 'two signatures required' signing authority will apply.

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Accessing your account.

Please establish the following services:

Online Banking.

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

Please nominate Signatories to be issued passwords to access Online Banking in their respective 'Nominated Partner, Beneficial owners and/or Signatories' section on page 4 or 5 of this application.

If customised access to accounts is required, e.g. only specific accounts will be available in Online Banking, please complete either:

- F519 Online Banking, Application for Access, or
- F675 Business Banking and Two to Sign Banking Application.

Electronic communication.

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.

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 Account Holder(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 Account Holder(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.

I confirm I am a duly authorised representative of the Partnership authorised to apply for membership and to open the accounts and services as requested.

Signature.

Date.

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Applicant/s to complete this section.

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.

Verification of Partnership.

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

- The Partnership agreement is to be provided if there is an agreement in place. It will be sighted by Defence Bank. We will retain at a minimum, the pages detailing the name of the Partnership and the executive pages.
- Certificate of registration of a business name (if applicable).
- Regulated status search (conducted by Defence Bank staff if applicable).

Nominated Partner, beneficial owners and/or signatories.

Please complete all fields for each beneficial owner and/or signatory for the Partnership. 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 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 and/or 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 and/or 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.

Defence Bank is required to verify the identity of the Nominated Partner and each beneficial owner³ or signatory who is not already a member of Defence Bank by sighting acceptable identification documents as listed in the attached Verifying Your Identity form. Existing members may also be asked to provide identification documents where Defence Bank does not hold current documents to verify their identity.

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Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Nominated Partner.		Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).		Residential address.							
Title/rank.	Gender.			State.		Postcode.			
Last name.		Phone.		Other phone.					
First name.		Email.							
Middle name(s).		Occupation.							

Tax Residency Declaration.⁷

A. Are you an Australian resident for taxation purposes? Yes. No.

B. Are you either a US citizen or resident of another country for taxation purposes?⁴ Yes. No.

If yes, please list your country and Taxpayer Identification Number (T.I.N).

Country.		T.I.N.							
Signature.				Date of birth.	/	/			

Nominated Partner.		Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).		Residential address.							
Title/rank.	Gender.			State.		Postcode.			
Last name.		Phone.		Other phone.					
First name.		Email.							
Middle name(s).		Occupation.							

Tax Residency Declaration.⁷

A. Are you an Australian resident for taxation purposes? Yes. No.

B. Are you either a US citizen or resident of another country for taxation purposes?⁴ Yes. No.

If yes, please list your country and Taxpayer Identification Number (T.I.N).

Country.		T.I.N.							
Signature.				Date of birth.	/	/			

Membership application. Partnership.



Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Nominated Partner.		Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).		Residential address.							
Title/rank.		Gender.				State.		Postcode.	
Last name.		Phone.				Other phone.			
First name.		Email.							
Middle name(s).		Occupation.							

Tax Residency Declaration.⁷

A. Are you an Australian resident for taxation purposes? Yes. No.

B. Are you either a US citizen or resident of another country for taxation purposes?⁴ Yes. No.

If yes, please list your country and Taxpayer Identification Number (T.I.N).

Country.		T.I.N.							
Signature.						Date of birth.	/	/	

Nominated Partner.		Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).		Residential address.							
Title/rank.		Gender.				State.		Postcode.	
Last name.		Phone.				Other phone.			
First name.		Email.							
Middle name(s).		Occupation.							

Tax Residency Declaration.⁷

A. Are you an Australian resident for taxation purposes? Yes. No.

B. Are you either a US citizen or resident of another country for taxation purposes?⁴ Yes. No.

If yes, please list your country and Taxpayer Identification Number (T.I.N).

Country.		T.I.N.							
Signature.						Date of birth.	/	/	

- The Nominated Partner is authorised to receive notices, hold the share in trust and vote on behalf of the Partnership. They also have the authority to open the membership and accounts and to transact on behalf of the Partnership. The Nominated Partner must complete full details in column one of the 'Nominated Partner, beneficial owners and/or signatories' section below.
- A response to this question is mandatory. If the Partnership is a tax resident of a country other than Australia, you must list the country of tax residency and Taxpayer Identification Number (TIN).
- Any Partner having a holding equal to or more than 25% of the Partnership is considered to be a beneficial owner of the Partnership.
- The completion of this section is mandatory for all individuals connected to this membership. If the individual is not an Australian resident for taxation purposes, the relevant country and Taxpayer Identification Number (TIN) details must be provided under items B or C (as applicable). Each individual must also complete the Nationality field.

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Office use only.

Member number.	<input type="text"/>	Deposit account no(s).	<input type="text"/>
Share account no.	<input type="text"/>		<input type="text"/>
Member registered for:	<input type="checkbox"/> Online banking.	<input type="checkbox"/> eStatements.	Term Deposit account no.
			<input type="text"/>

Opening deposit details.

Cash.	<input type="text"/>	Transfer.	\$ <input type="text"/>
Total deposit.	\$ <input type="text"/>		

Trust documents provided.

- Registration of business name (if applicable).
 - Partnership agreement sighted and original certified copies of pages detailing the name of the Partnership and the executive pages retained.*
 - For a registered Partnership, a printout of the Partnership's regulated status obtained through a search of the relevant professional association's database as conducted by Defence Bank staff.
- * Defence Bank staff are permitted to certify these pages for internal use only.

Identification sighted and signature/s checked.

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

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Defence
Bank

Applicant to complete this section.

Verifying your identity.

If you are not already a member, Government regulations require us to see original documents from the following list, before opening your account.

If it's difficult for you to attend a branch, you can send us certified copies as noted below and post to the address indicated. This form can be photocopied if required.

You should provide sufficient documents from the list 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.

- Defence Force ID card.
- 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.

For approved certifiers, visit defencebank.com.au/tools-and-advice/forms-and-applications/approved-certifiers.

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. This must be completed for each applicant whose identity is being verified. The person certifying the document must have sighted the original and note the following on each page that is copied.

Certifier categories

- | | | | |
|---------------------------|--|--|---|
| 1. Legal Practitioner | 6. Justice of the Peace | 10. Officer of a Financial Institution (2 years) | 13. Accountant (member of a recognised accounting body) |
| 2. Judge | 7. Notary Public | 11. Finance Company Officer (2 years) | 14. A prescribed witness as defined under schedule 2 of the Statutory Declarations Regulations 1993 |
| 3. Magistrate | 8. Police Officer | 12. Officer or Auth. Rep. of AFS licensee | |
| 4. CEO of a Federal Court | 9. Australian Consular or Diplomatic Officer | | |
| 5. Registrar of a Court | | | |

Each identification document is to be copied onto a separate page for certification purposes. The person certifying the document must have sighted the original and note 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. >Date > Name > Signed > Title > Certifier category > Professional registration number (if applicable)".

The certifier must also complete their details and the documents certified in the space provided overleaf. Your completed application form and certified documents can be posted to (no stamp required).

Reply Paid 14537
Defence Bank Limited
PO Box 14527
Melbourne VIC 8001

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Certifier to complete this section.

Please photocopy this page if additional space is required.

Certifier details.

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

Documents certified (please complete for all documents certified).

Document 1.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 1.	<input type="text"/>

Document 2.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 2.	<input type="text"/>

Document 3.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 3.	<input type="text"/>

Document 4.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 4.	<input type="text"/>

Document 5.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 5.	<input type="text"/>

Document 6.

Person to whom the document relates.	<input type="text"/>		
Type of document.	<input type="text"/>	Name on document 6.	<input type="text"/>

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.	<input type="text"/>	Date.	<input type="text"/>	<input type="text"/>	<input type="text"/>
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