

Membership application.

Trust or self-managed superannuation fund.



Defence Bank

Applicant/s to complete this section.

Trust details.

Full name of trust.	<input type="text"/>	ABN/TFN (if applicable). ⁴	<input type="text"/>
Full business name (if any) of Trustee. ¹	<input type="text"/>	Address for notices.	<input type="text"/>
Type of Trust.	<input type="text"/>	State.	<input type="text"/> Postcode. <input type="text"/>
Full name of Settlor of the Trust (if appl). ²	<input type="text"/>	Phone.	<input type="text"/> Other phone. <input type="text"/>
Full name of Nominated Trustee. ^{1,3}	<input type="text"/>	Email.	<input type="text"/>

Tax Residency Declaration.

Was the Trust established in, or is the Trust a tax resident of, a country other than Australia?⁵ Yes. No.

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

Country. T.I.N.

Are any of the following individuals connected to the Trust a tax resident of a country other than Australia? (tick where applicable)?⁵

Trustee. Appointer. Settlor. Beneficiaries.

If yes under any of the above, please provide full details of these individuals under the 'Details – individuals' section on page 4 of this application.

Is the Trust registered with ASIC? Yes. No.

If Yes, please provide the Trust's Australian Registered Scheme No (ARSN).

If No, please list either:

- The full name of each beneficiary or,
- If the beneficiaries are referenced by a membership class, provide details of that Class, eg unit holders.

Beneficiary 1.	<input type="text"/>	Beneficiary 4.	<input type="text"/>
Beneficiary 2.	<input type="text"/>	Beneficiary 5.	<input type="text"/>
Beneficiary 3.	<input type="text"/>	Beneficiary 6.	<input type="text"/>
Membership class (if applicable).	<input type="text"/>		

Appointer

Does any person, other than a trustee, have the power to appoint or remove a trustee (Appointer)? Yes. No.⁶

If 'Yes', please complete the 'Details – individuals' section on page 4 of this Application for each such Appointer.

Trustees

Please provide full details for each trustee on the relevant Details page of this Application:

- Details – individuals (page 4).
- Details – company trustee (page 6).

Settlor

Please provide full details of the identity of the Settlor of the Trust on the 'Details – individuals' section on page 4 of this Application.²

Signatories

Any other individuals authorised to sign on accounts must also complete the 'Details – individuals' section on page 4 of this Application, including individuals who are already 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 'Verifying your identity' on page 10 of this Application).

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Defence Bank

Applicant/s to complete this section.

Deposit products required.

Please open the following accounts:

Everyday Banking.

Everyday Access. *One signature required.* OR *Two signatures required.*
 Other. *One signature required.* OR *Two signatures required.*

Savings Accounts.

iSaver. *One signature required.* OR *Two signatures required.*
 Max eSaver. *One signature required.* OR *Two signatures required.*
 Term Deposit. *One signature required.* OR *Two signatures required.*

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.

If different signers will be authorised to transact on individual accounts, please complete a F629 New Account Application - Non-personal deposit accounts.

Amount.

\$

Term (in months).

Accessing your account.

Please establish the following services:

Online Banking.

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 'Details - individual' or 'Details - company trustee' on page 4 or 6 of this Application.

If customised access to accounts is required, eg 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.

1. The full name of the Trustee is applicable for Company Trustees. It is not applicable when all trustees are individuals. The Company Trustee named will also be deemed to be the Nominated Trustee.
2. The full name of the Settlor must be provided and verified, except where:
 - the material asset contribution to the Trust by the Settlor at the time the Trust was established was less than \$10,000,
 - the Settlor is deceased, or
 - the ARSN has been provided above.
3. The Nominated Trustee is the individual Trustee authorised to receive notices, hold the share and vote on behalf of the Trust. They also have the authority to open the membership and accounts and to transact on behalf of the Trust. A response is not required in this Section for Company Trustees. A Nominated Trustee must also complete the 'Details – individuals' section on page 4 of this application.
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 the question 'Are you a US citizen or US resident for taxation purposes?' and if yes, provide your US TIN.
5. A response to this question is mandatory. If the Trust was established in, or is a tax resident of a country other than Australia, you must list the country and provide a Taxpayer Identification Number (TIN).
6. Where there is No Appointer and there are four or less trustees appointed to the Trust, they will each be deemed to be beneficial owners/controllers, having 25% or more beneficial control of the Trust. All beneficial owners/controllers must complete the 'Details – individuals' section on page 4 of this application.

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Defence Bank

Applicant/s to complete this section.

Verifying your identity.

Defence Bank is required to verify the identity of the following:

- One Trustee (the Nominated Trustee).
- All Appointers. If there are No Appointers and four or less trustees are appointed, the identity of each trustee must also be verified.⁶
- The Settlor.²
- Each Signatory who is not already a member of Defence Bank.
- Each Beneficial Owner of the Company Trustee (if applicable).

We will verify the identity of individuals by sighting acceptable identification documents as listed on the attached 'Verifying Your Identity' section on page 11 of this Application.

Existing members may also be asked to provide identification documents where Defence Bank does not hold current documents to verify their identity.

If the Trust has been issued with an ARSN, Defence Bank will verify the Trust's registration details by conducting a search on the ASIC website.

If the Trust has not been issued with an ARSN Defence Bank must verify the Trust by sighting an original or original certified copy of the executed Trust Deed and any amending supplementary deeds, ensuring that certification occurs in one of two ways:

Certification Method 1

Page one of the Trust Deed is certified in full noting the number of pages of the Trust Deed within the certification wording:

"I certify that this <insert number of pages> page document is a true copy of the original document as sighted by me on <insert date> Full name of Certifier > Occupation/Certifier Category > Length of Service (if applicable) > Registration number (if applicable)"

Additionally, the Certifier must initial or sign each page of the Trust Deed and number any page (excluding the front page) not already numbered.

Certification Method 2

Each page of the Trust Deed is individually certified. 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**

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 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 Trust authorised to apply for membership and to open the accounts and services as requested.

Signature.

Date.

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Defence Bank

Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Details – individuals.

Complete all fields for each individual trustee and authorised signatory. The signature of each individual confirms their details provided are true and correct.

Please check the appropriate box(es) below for each individual to indicate their relationship with the Trust. 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 2, 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.

Positions(s) held.	Trustee.	<input type="checkbox"/>	Appointer.	<input type="checkbox"/>	Settlor.	<input type="checkbox"/>	Signatory.	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>
Member number. (If applicable).	<input type="text"/>				Residential address.	<input type="text"/>					
Title/rank.	<input type="text"/>	Gender.	<input type="text"/>		<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.⁷

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁷

Yes. No.

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

Country.	<input type="text"/>	T.I.N.	<input type="text"/>
Signature.	<input type="text"/>	Date of birth.	<input type="text"/> / <input type="text"/> / <input type="text"/>

Positions(s) held.	Trustee.	<input type="checkbox"/>	Appointer.	<input type="checkbox"/>	Settlor.	<input type="checkbox"/>	Signatory.	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>
Member number. (If applicable).	<input type="text"/>				Residential address.	<input type="text"/>					
Title/rank.	<input type="text"/>	Gender.	<input type="text"/>		<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.⁷

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁷

Yes. No.

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

Country.	<input type="text"/>	T.I.N.	<input type="text"/>
Signature.	<input type="text"/>	Date of birth.	<input type="text"/> / <input type="text"/> / <input type="text"/>

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Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Positions(s) held.	Trustee.	<input type="checkbox"/>	Appointer.	<input type="checkbox"/>	Settlor.	<input type="checkbox"/>	Signatory.	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>
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

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁷

Yes. No.

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

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

Positions(s) held.	Trustee.	<input type="checkbox"/>	Appointer.	<input type="checkbox"/>	Settlor.	<input type="checkbox"/>	Signatory.	Yes.	<input type="checkbox"/>	No.	<input type="checkbox"/>
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

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁷

Yes. No.

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

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

7. The completion of this question 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 item B.

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Applicant/s to complete this section.

Details – company trustee.

Full name of company trustee.	<input type="text"/>	Phone.	<input type="text"/>	Other phone.	<input type="text"/>
Principal business address.	<input type="text"/>	Email.	<input type="text"/>		
<input type="text"/>	State. <input type="text"/>	Postcode. <input type="text"/>	ACN.	<input type="text"/>	
Registered office address (if different from principal business address).	<input type="text"/>	ABN.	<input type="text"/>		
<input type="text"/>	State. <input type="text"/>	Postcode. <input type="text"/>	Authorised person and point of contact (POC). ¹	<input type="text"/>	
Mailing address (if different from above).	<input type="text"/>	Position of POC at organisation.	<input type="text"/>		
<input type="text"/>	State. <input type="text"/>	Postcode. <input type="text"/>			

Tax Residency Declaration.

Is the Company Trustee 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. T.I.N.

Company trustee type: A public company. A proprietary company.

If the Company Trustee is a proprietary company:

1. Please list the full name of each director or alternatively, provide a list of Directors and Secretaries of the Company Trustee issued on ASIC letterhead.

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

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

If 'Yes', complete the 'Beneficial owner/controller/signatory to the Company Trustee' section on page 9 for all such beneficial owners/controllers, (including existing Defence Bank Members).

3. Any other individuals authorised to sign on accounts must also complete the 'Beneficial owner/controller/signatory to the Company Trustee' section on page 9.

1. The authorised person and point of contact is a duly authorised representative of the Company Trustee. This person is authorised to provide the information in this Application, receive notices, hold the share and be entitled to vote on behalf of the Trust.
2. A response to this question is mandatory. If the Company Trustee is a tax resident of a country other than Australia, you must list the country of tax residency and Taxpayer Identification Number (TIN).
3. A beneficial owner/controller is any individual who is recorded as having a holding equal to or more than 25% of the shares issued by the Company Trustee.
4. The completion of this question is mandatory for all individuals connected to the Company Trustee. If any 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).

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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 Company Trustee.

Defence Bank requires the following original documents, or certified copies, to verify the Company Trustee's identity:

Registration of Business Name (if applicable).

Certificate of Registration of a Company.

List of Company Directors and Secretaries on ASIC letterhead (if all Directors not listed in column 1).

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 also authorise Defence Bank to complete the search of Company documents (if selected) in the Verification of company trustee section above, including the payment method indicated.

Signature.

Date.

Membership application.

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Defence Bank

Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Beneficial owners/controllers and/or signatory to the Company Trustee.

Use this page to provide details of beneficial owners/controllers and signatories to the Company Trustee. If the details of such individuals have been previously provided in this Application, each individual should provide their full name and signature and check the boxes to indicate their relationship to the Company Trustee. Defence Bank is required to verify the identity of any individual named herein 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.

To provide details of individuals related to the Trust only, eg Settlers, Appointers or individual Trustees, use the 'Details – individuals' section on page 4 of this Application.

Positions(s) held.	Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).	<input type="text"/>	Residential address.	<input type="text"/>					
Title/rank.	<input type="text"/>	Gender.	<input type="text"/>	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
Last name.	<input type="text"/>	Phone.	<input type="text"/>	<input type="text"/>	Other phone.	<input type="text"/>	<input type="text"/>	<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.⁷

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

Are you either a US citizen or resident of another country for taxation purposes?⁵ Yes. No.

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

Country.	<input type="text"/>	T.I.N.	<input type="text"/>					
Signature.	<input type="text"/>	Date of birth.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Positions(s) held.	Beneficial owner/controller.		Yes.	No.	Signatory.		Yes.	No.
Member number. (If applicable).	<input type="text"/>	Residential address.	<input type="text"/>					
Title/rank.	<input type="text"/>	Gender.	<input type="text"/>	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
Last name.	<input type="text"/>	Phone.	<input type="text"/>	<input type="text"/>	Other phone.	<input type="text"/>	<input type="text"/>	<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.⁷

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

Are you either a US citizen or resident of another country for taxation purposes?⁵ Yes. No.

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

Country.	<input type="text"/>	T.I.N.	<input type="text"/>					
Signature.	<input type="text"/>	Date of birth.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

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Applicant/s to complete this section.

Please photocopy this page if additional space is required.

Positions(s) held.	Beneficial owner/controller.	Yes.	No.	Signatory.	Yes.	No.
Member number. (If applicable).		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Residential address.					
Title/rank.	Gender.			State.		Postcode.
Last name.		Phone.		Other phone.		
First name.		Email.				
Middle name(s).		Occupation.				

Tax Residency Declaration.⁷

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁵

Yes. No.

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

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

Positions(s) held.	Beneficial owner/controller.	Yes.	No.	Signatory.	Yes.	No.
Member number. (If applicable).		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Residential address.					
Title/rank.	Gender.			State.		Postcode.
Last name.		Phone.		Other phone.		
First name.		Email.				
Middle name(s).		Occupation.				

Tax Residency Declaration.⁷

Are you an Australian resident for taxation purposes?

Yes. No.

Are you either a US citizen or resident of another country for taxation purposes?⁵

Yes. No.

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

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

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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.

- 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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Defence
Bank

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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Membership application.

Trust or self-managed superannuation fund.



Defence
Bank

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.

Trust deed. Screen print of the Trust's ARSN from the ASIC website. Other.

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"/>
Branch name.	<input type="text"/>	ID documents sighted for individuals.	
Working alone? Yes. <input type="checkbox"/> No. <input type="checkbox"/>		<input type="text"/> RIM	<input type="text"/> RIM
		<input type="text"/> RIM	<input type="text"/> RIM
		<input type="text"/> RIM	<input type="text"/> RIM

Digital ID.

Was member verified via digital ID? Yes. No.

ID Application (App) open in branch? Yes. No. Member navigated to ID within the app observed? Yes. No.