

Club, association, cooperative, mess membership application.



Applicant to complete this section.

Entity details.

Entity type. Club. Association. Cooperative. Mess.

Full name of entity.

Address of entity's principal place of administration. State. Postcode.

Mailing address (if different from above). State. Postcode.

Phone. Email.

Tax file number.¹ ABN.

Full name of authorised person and point of contact.²

Tax Residency Declaration.

Is the Entity incorporated in, or a tax resident of a country other than Australia?³ Yes. No.

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

Country. T.I.N.

Is the Entity either Registered or Incorporated? Yes. No.

If Yes, please provide the Incorporation/Registration No.

Incorporation/Registration No.

Is the Entity officially Defence approved? Yes. No.

All beneficial owners/controllers and any individuals authorised to sign on accounts, including existing Defence Bank members must also complete the 'Beneficial owners/controllers and/or signatories' section on page 3.⁴

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.*

Term Deposit Amount. \$

Term (in months).

Note: Please tick 'One' or 'Two' signature required boxes for all deposit products required. If no signing authority is indicated 'Two signatures required' signing authority will apply.

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Applicant to complete this section.

Account access.

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 'Beneficial owners/controllers and/or signatories' section 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

Your acknowledgement.

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.

Applicant name.

Signature of authorised signer.

Date.

 / /

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 entity.

If the Entity is incorporated or registered, Defence Bank requires an original or certified copy of the Certificate of Incorporation/Registration.

If the Entity is not incorporated or registered, please provide a certified copy of the Entity's Constitution or Rules.

If the Entity is officially Defence approved, please provide Defence Bank with an original letter of authorisation signed by the appropriate Defence Force Base Commanding Officer validating the Entity and authorising signers to open and operate accounts with Defence Bank.

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Applicant to complete this section.

Beneficial owners/controllers and/or signatories.

Please complete all fields for each Beneficial owner/controller and/or Signatory for the Entity. 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 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.

Beneficial owner/controller ⁴	Yes.	No.	Signatory.	Yes.	No.	Access to Online Banking ⁵	Yes.	No.
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Member number. (if applicable).	<input type="text"/>	Residential address.	<input type="text"/>					
Title/rank.	<input type="text"/>	Gender.	<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"/>							

Position(s) held with entity (if applicable).

<input type="checkbox"/> Chairman.	<input type="checkbox"/> Secretary.	<input type="checkbox"/> Treasurer.	<input type="checkbox"/> Other.	<input type="text"/>	<input type="checkbox"/> Signatory only.
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Tax Residency Declaration.⁴

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

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.	<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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Defence
Bank

Applicant to complete this section.

Beneficial owner/controller.⁴ Yes. No. **Signatory. Yes. No.** **Access to Online Banking.⁵ Yes. No.**

Member number. (if applicable).	<input type="text"/>	Residential address.	<input type="text"/>				
Title/rank.	<input type="text"/>	Gender.	<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"/>						

Position(s) held with entity (if applicable).

Chairman. Secretary. Treasurer. Other. Signatory only.

Tax Residency Declaration.⁴

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

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. / /

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Applicant to complete this section.

Beneficial owner/controller. ⁴ Yes. <input type="checkbox"/> No. <input type="checkbox"/>	Signatory. Yes. <input type="checkbox"/> No. <input type="checkbox"/>	Access to Online Banking. ⁵ Yes. <input type="checkbox"/> No. <input type="checkbox"/>
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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"/>							

Position(s) held with entity (if applicable).

<input type="checkbox"/> Chairman.	<input type="checkbox"/> Secretary.	<input type="checkbox"/> Treasurer.	<input type="checkbox"/> Other. <input type="text"/>	<input type="checkbox"/> Signatory only.
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Tax Residency Declaration.⁴

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

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.	<input type="text"/>	T.I.N.	<input type="text"/>
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Signature.	<input type="text"/>	Date of birth.	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Club, association, cooperative, mess membership application.



Applicant to complete this section.

Beneficial owner/controller.⁴ Yes. <input type="checkbox"/> No. <input type="checkbox"/>	Signatory. Yes. <input type="checkbox"/> No. <input type="checkbox"/>	Access to Online Banking.⁵ Yes. <input type="checkbox"/> No. <input type="checkbox"/>
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Member number. (if applicable).	<input type="text"/>	Residential address.	<input type="text"/>				
Title/rank.	<input type="text"/>	Gender.	<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"/>						

Position(s) held with entity (if applicable).

<input type="checkbox"/> Chairman.	<input type="checkbox"/> Secretary.	<input type="checkbox"/> Treasurer.	<input type="checkbox"/> Other.	<input type="text"/>	<input type="checkbox"/> Signatory only.
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Tax Residency Declaration.⁴

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

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.	<input type="text"/>	T.I.N.	<input type="text"/>
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Signature.	<input type="text"/>	Date of birth.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Your completed application form and certified identification documents can be posted to (no stamp required):

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

1. 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.
2. The authorised person and point of contact is authorised to receive notices, hold the share in trust and vote on behalf of the Entity. This person will also have the authority to open the membership and accounts, and to transact on behalf of the Entity.
3. A response to this question is mandatory. If the Entity is incorporated in or a tax resident of a country other than Australia, you must list the country and provide a Taxpayer Identification Number (TIN).
4. A beneficial owner/controller is any individual who controls 25% or more of the Entity. For the purposes of this Membership, all beneficial owners/controllers and signatories to accounts are deemed to be beneficial owners/controllers. Each individual listed in the 'Beneficial owners/controllers and/or signatories' section must complete the Tax Residency Declaration. 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 (as applicable).
5. Online Banking will be provided to this signatory for all accounts listed above. Business Banking will also be provided if signing authority on any account with 'Two signatures required'.

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Defence
Bank

Office use only.

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

Opening deposit details.

Cash.	\$ <input type="text"/>	Form received at Branch on.	<input type="text"/> / <input type="text"/> / <input type="text"/>
Transfer.	\$ <input type="text"/>	Branch name.	<input type="text"/>
Total deposit.	\$ <input type="text"/>		

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"/>	Documents provided.	<input type="text"/> <input type="text"/> <input type="text"/>

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For your information.

Please photocopy this page if additional space is required.

Verifying your identity.

You should provide sufficient documents from the lists below to verify your full name, and either your date of birth 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.
- 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.

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. > Name > Signed > Title > Date”

The certifier must also complete their details and the documents certified in the space provided below.

Certifier to complete this section.

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"/>

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Certifier to complete this section.

Documents certified (please complete for all documents certified).

Document 1.

Person to whom the document relates.

Type of document.

Name on document 1.

Document 2.

Person to whom the document relates.

Type of document.

Name on document 2.

Document 3.

Person to whom the document relates.

Type of document.

Name on document 3.

Document 4.

Person to whom the document relates.

Type of document.

Name on document 4.

Document 5.

Person to whom the document relates.

Type of document.

Name on document 5.

Document 6.

Person to whom the 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 signature/s checked.

Staff name 1.

Staff name 2.

Signature.

Signature.

Date.

Date.

Working alone?

Yes. No.

Branch name.