

# Club, association, cooperative, mess membership application.



**Defence**  
Bank

Office Use Only (RIM)

## Applicant to complete this section.

### Entity details.

Entity type.	<input type="checkbox"/> Club.	<input type="checkbox"/> Association.	<input type="checkbox"/> Cooperative.	<input type="checkbox"/> Mess.	
Full name of entity.	<input type="text"/>				
Address of entity's principal place of administration.	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
Mailing address (if different from above).	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
Phone.	<input type="text"/>	Email.	<input type="text"/>		
Tax file number. <sup>1</sup>	<input type="text"/>	ABN.	<input type="text"/>		
Full name of authorised person and point of contact. <sup>2</sup>	<input type="text"/>				

### Tax Residency Declaration.

Is the Entity incorporated in, or a tax resident of a country other than Australia?<sup>3</sup> ☐ 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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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 of the application.<sup>4</sup>

### Deposit products required.

Please open the following accounts.

#### Everyday Banking.

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

**Note:** If no signing authority is indicated, 'Two signatures required' signing authority will apply.

#### Savings Accounts.

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

Amount. \$	<input type="text"/>	Term (in months).	<input type="text"/>
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A Target Market Determination (TMD) is a document that outlines the target market a product has been designed for. You can view the TMD's on our website at [defencebank.com.au](https://defencebank.com.au)

### Account access.

<b>Online banking.<sup>4</sup></b>	<input type="checkbox"/> Online banking on one signature required accounts.	<input type="checkbox"/> Online banking on two signatures required accounts.
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Please nominate Signatories to be issued passwords to access Online Banking in their respective 'Beneficial owners/controllers and/or signatories' section of this application.

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**Defence**  
Bank

## Applicant to complete this section.

### Intended nature of relationship.<sup>5</sup>

Please provide the purpose of opening an account with Defence Bank.

<input type="checkbox"/> Everyday banking.	<input type="checkbox"/> Investment.
<input type="checkbox"/> Lending.	<input type="checkbox"/> Savings.
<input type="checkbox"/> Other (please specify).	

### Source of funds.<sup>5</sup>

Please provide where funds will be obtained from.

<input type="checkbox"/> Salary/ wages.	<input type="checkbox"/> Govt. benefits.
<input type="checkbox"/> Family support (gifts/ inheritance).	<input type="checkbox"/> Business income.
<input type="checkbox"/> Superannuation.	<input type="checkbox"/> Dividends.
<input type="checkbox"/> Other (please specify).	

### 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.

<b>Beneficial owner/ Controller 1.<sup>6</sup></b>	<b>Signatory. Yes.</b> <input type="checkbox"/> <b>No.</b> <input type="checkbox"/>	<b>Access to Online Banking<sup>4</sup> Yes.</b> <input type="checkbox"/> <b>No.</b> <input type="checkbox"/>	<b>Access to Business Banking<sup>7</sup> Yes.</b> <input type="checkbox"/> <b>No.</b> <input type="checkbox"/>
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Member number. (if applicable). <sup>8</sup>		Residential address.	
Title/rank.		Gender.	
Last name.		Phone.	
First name.		Email.	
Middle name(s).		Occupation.	
Date of birth.	/ /	Other phone.	

### 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="checkbox"/> Signatory only.
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### Tax Residency Declaration.

Are you an Australian resident for taxation purposes?<sup>3</sup>

Yes. ☐ No. ☐ For taxation purposes

**If you selected no for the above question, Australia is not your sole tax residence or you are a US citizen/resident you must also complete a F601 Foreign Tax Declaration form.**

### Intended nature of relationship.<sup>5</sup>

Please provide the purpose of the account with Defence Bank.

<input type="checkbox"/> Everyday banking.	<input type="checkbox"/> Savings.	<input type="checkbox"/> Investment.
<input type="checkbox"/> Other (please specify).		

Signature.		Date.	/ /
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# Club, association, cooperative, mess membership application.



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**Applicant to complete this section.**

**Beneficial owner/  
Controller 2.<sup>6</sup>**

**Signatory.** Yes. ☐ No. ☐

**Access to  
Online Banking<sup>4</sup>**

Yes. ☐ No. ☐

**Access to  
Business Banking<sup>7</sup>**

Yes. ☐ No. ☐

Member number.  
(if applicable).<sup>8</sup>

Residential address.

Title/rank.

Gender.

State.

Postcode.

Last name.

Phone.

Other  
phone.

First name.

Email.

Middle name(s).

Occupation.

Date of birth.

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

☐ Chairman.

☐ Secretary.

☐ Treasurer.

☐ Other.

☐ Signatory only.

**Tax Residency Declaration.**

Are you an Australian resident for taxation purposes?<sup>3</sup>

Yes. ☐

No. ☐

For taxation purposes

**If you selected no for the above question, Australia is not your sole tax residence or you are a US citizen/resident you must also complete a F601 Foreign Tax Declaration form.**

**Intended nature of relationship.<sup>5</sup>**

Please provide the purpose of the account with Defence Bank.

☐ Everyday banking.

☐ Savings.

☐ Investment.

☐ Other

(please specify).

Signature.

Date.

# Club, association, cooperative, mess membership application.



**Defence**  
Bank

**Applicant to complete this section.**

**Beneficial owner/  
Controller 3.<sup>6</sup>**

**Signatory.** Yes. ☐ No. ☐

**Access to  
Online Banking<sup>4</sup>** Yes. ☐ No. ☐

**Access to  
Business Banking<sup>7</sup>** Yes. ☐ No. ☐

Member number.  
(if applicable).<sup>8</sup>

Residential address.

Title/rank.

Gender.

State.

Postcode.

Last name.

Phone.

Other  
phone.

First name.

Email.

Middle name(s).

Occupation.

Date of birth.

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

☐ Chairman.

☐ Secretary.

☐ Treasurer.

☐ Other.

☐ Signatory only.

**Tax Residency Declaration.**

Are you an Australian resident for taxation purposes?<sup>3</sup>

Yes. ☐ No. ☐ For taxation purposes

**If you selected no for the above question, Australia is not  
your sole tax residence or you are a US citizen/resident you  
must also complete a F601 Foreign Tax Declaration form.**

**Intended nature of relationship.<sup>5</sup>**

Please provide the purpose of the account with Defence Bank.

☐ Everyday banking.

☐ Savings.

☐ Investment.

☐ Other  
(please specify).

Signature.

Date.

# Club, association, cooperative, mess membership application.



**Defence**  
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**Applicant to complete this section.**

**Beneficial owner/  
Controller 4.<sup>6</sup>**

**Signatory.** Yes. ☐ No. ☐

**Access to  
Online Banking<sup>4</sup>** Yes. ☐ No. ☐

**Access to  
Business Banking<sup>7</sup>** Yes. ☐ No. ☐

Member number.  
(if applicable).<sup>8</sup>

Residential address.

Title/rank.

Gender.

State.

Postcode.

Last name.

Phone.

Other  
phone.

First name.

Email.

Middle name(s).

Occupation.

Date of birth.

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

☐ Chairman.

☐ Secretary.

☐ Treasurer.

☐ Other.

☐ Signatory only.

**Tax Residency Declaration.**

Are you an Australian resident for taxation purposes?<sup>3</sup>

Yes. ☐

No. ☐

For taxation purposes

**If you selected no for the above question, Australia is not  
your sole tax residence or you are a US citizen/resident you  
must also complete a F601 Foreign Tax Declaration form.**

**Intended nature of relationship.<sup>5</sup>**

Please provide the purpose of the account with Defence Bank.

☐ Everyday banking.

☐ Savings.

☐ Investment.

☐ Other

(please specify).

Signature.

Date.

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. Online Banking will be provided to signatories outlined for all relevant accounts listed above. Business Banking will also be provided if signing authority on any account with 'Two signatures required'.
5. In line with our regulatory obligations, understanding the origin of your deposits and the intended purpose of your Defence Bank membership will help us ensure the integrity and security of your ongoing banking relationship.
6. 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).
7. The undersigned request to have access to our account(s) through Business Banking and Two to Sign Banking. Business Banking and Two to Sign Banking allows accounts with 'two to sign' account signing authority to use Online Banking. A transaction can be set up and approved by one member and then approved by another before it is processed ensuring that 'two to sign' authority is being followed.
8. If you are not already an existing signatory or member of Defence Bank, please complete 'Details of new signatories to Defence Bank' and provide identification documents to verify your full name and either your date of birth and/or residential address. Your signature above confirms the details supplied are true and correct.

# Club, association, cooperative, mess membership application.

## Applicant to complete this section.

### 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.

### 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](https://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.

By giving access to an authorised person you are giving them authority to some, or all of the following:

- Transfer money/pay someone.
- Access Online Banking and the App facilities.
- Make a BPAY payment.
- Make international transfers.
- View balances and transaction history.
- Set up notifications (alerts).
- Set up Pay ID.
- Make cash withdrawals.
- Remove themselves as a signatory.
- Update their own details

### 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](https://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.

### Verifying your identity.

Before we are able to open your account and 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 provide us certified copies as noted below and post to the address indicated.

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## Applicant to complete this section.

### Verification of beneficial owners, controllers and signatories.

Each beneficial owner/controller **and** each new signatory to Defence Bank must complete the 'Details of all beneficial owners/controllers and each new signatory to Defence Bank' section overleaf.

Please **also** provide sufficient documents (refer the list below) for each individual new to Defence Bank to verify their full name, and either their date of birth or residential address. At least one form of photographic identification should be provided. If that document does not contain the information to be verified, use an additional identification document to fulfill this requirement. Existing members may also be asked to provide identification documents where Defence Bank does not hold current documents to verify their identity.

**At least one form of photographic identification should be provided.**

#### Acceptable photographic identification.

- Driver licence.
- Passport.

#### 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.

For approved certifiers, visit [defencebank.com.au/tools-and-advice/forms-and-applications/approved-certifiers](https://defencebank.com.au/tools-and-advice/forms-and-applications/approved-certifiers).

## For your information.

### 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).

The completed application form and certified identification documents can be posted to your local Defence Bank branch location for processing.

To locate your nearest branch please visit [defencebank.com.au/about-us/branches](https://defencebank.com.au/about-us/branches)

## Certifier to complete this section.

### Certifier details.

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

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## Certifier to complete this section cont.

### Documents certified (please complete for all documents certified).

#### Document 1.

Person to whom document relates.

Type of document.

Name on document 1.

#### Document 3.

Person to whom document relates.

Type of document.

Name on document 3.

#### Document 2.

Person to whom document relates.

Type of document.

Name on document 2.

#### Document 4.

Person to whom document relates.

Type of document.

Name on document 4.

## Office use only.

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

### Identification and form verification check.

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"/>

#### 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. ☐

#### Foreign ID.

Has ID been approved by Business Services? Yes. ☐ No. ☐

If Yes, who approved?

Date of approval.  /  /