

# Deceased estate membership application.



Defence  
Bank

## Office use only.

Member number.

## Applicant to complete this section.

### The Estate of the Late details.

The Estate of the Late.

Address of correspondence.

Mailing address (if different).

State.

Postcode.

State.

Postcode.

Full name of authorised person 1.

Full name of authorised person 2.

Authorised person 1 phone.

Authorised person 2 phone.

Authorised person 1 email.

Authorised person 2 email.

Note: 'Authorised person' means an executor or an administrator.

### Verification of estate.

Defence Bank requires the following externally certified documents to open a membership of the Estate of the Late.

Death certificate.

Letter of administration if will and probate are not available.

Will.

### Deposit products required.

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

#### Everyday banking.

Everyday Access.

One signature required.

Two signatures required.

Other.

One signature required.

Two signatures required.

Amount. \$

Term (in months).

### Savings accounts <sup>1</sup>.

iSaver.

One signature required.

Two signatures required.

Max eSaver.

One signature required.

Two signatures required.

Term deposit.

One signature required.

Two signatures required.

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

Tax File Number.

### Online Banking.

Online Banking on 'one signature required' accounts.

Business banking on 'two signatures required' accounts.

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

Please communicate with me electronically.

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

<sup>1</sup>To hold a Savings Account in the name of the Estate of the Late a TFN sourced from the ATO is required to avoid TFN withholding tax. <sup>2</sup>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.

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## Applicant 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](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.

### Your acknowledgment.

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

- 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 contained in this application and information regarding the Authorised Person(s) may be provided to the Australian Taxation Office.
- 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 to apply for membership and to open the accounts and services as requested.

### Authorised person(s).

Please complete all fields for each authorised person(s). 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 an authorised person(s) and 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 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.

### Verification of individuals

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

Authorised  
person 1 signature.

Authorised  
person 2 signature.

Date.

Date.

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## Applicant to complete this section.

Authorised person.	Yes.	No.	Signatory.	Yes.	No.
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Defence Bank member number. Residential address.

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

Last name. Phone. Other phone.

First name. Email.

Middle name(s). Date of birth.

### Tax Residency Declaration.

**A.** Are you an Australian resident for taxation purposes?<sup>2</sup> (see on page 1). Yes. No.

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

**C.** If neither **A.** or **B.** applies, please list your country of tax residency and Taxpayer Identification Number.

Country. T.I.N.

Issue a password for online and/or business banking (see online banking in the account access section on page 1). Yes. No.

Signature. Date.

Authorised person.	Yes.	No.	Signatory.	Yes.	No.
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Defence Bank member number. Residential address.

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

Last name. Phone. Other phone.

First name. Email.

Middle name(s). Date of birth.

### Tax Residency Declaration.

**A.** Are you an Australian resident for taxation purposes?<sup>2</sup> (see on page 1). Yes. No.

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

**C.** If neither **A.** or **B.** applies, please list your country of tax residency and Taxpayer Identification Number.

Country. T.I.N.

Issue a password for online and/or business banking (see online banking in the account access section on page 1). Yes. No.

Signature. Date.

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## Office use only.

### Identification collected and all signatures checked.

Staff name 1.

Staff name 2.

Signature and date.

Signature and date.

Working alone? Yes. No.

Branch name.

## Applicant to complete this section.

### Documents required.

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

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

#### Acceptable photographic identification.

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

#### Acceptable non-photographic identification (if required).

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

### If you can't make it to a branch.

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

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

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

#### Certifier categories.

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

### Certifier details.

Last name.

Occupation.

First name.

Residential address.

Middle name(s).

State.

Postcode.

Phone.

Certifier category (see above).

Registration number (if applicable).

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## Applicant to complete this section.

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

#### Document 1.

Person to whom document relates.

Type of document.

Name on document 1.

#### Document 4.

Person to whom document relates.

Type of document.

Name on document 4.

#### Document 2.

Person to whom document relates.

Type of document.

Name on document 2.

#### Document 5.

Person to whom document relates.

Type of document.

Name on document 5.

#### Document 3.

Person to whom document relates.

Type of document.

Name on document 3.

#### Document 6.

Person to whom document relates.

Type of document.

Name on document 6.

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

Certifier signature.

Date.

## Office use only.

### Identification collected and all signatures checked.

Staff name 1.

Staff name 2.

Signature and date.

Signature and date.

Working alone?    Yes.    No.

Branch name.