



Please complete this form and mail it together with the supporting documentation listed within the application checklist to:

New Accounts - Business Banking, Members Equity Bank, Reply Paid 1345, Melbourne VIC 8060

If you run out of space, please complete the information requested within a second application form or on a separate sheet and return with this form.

Section 1 - Applicant details

Applicant type: Proprietary Company Public Company Sole Trader Trust
 Incorporated Association Union Partnership

Full legal name of applicant: *Trust applicants note: this is the full name of the trust, (e.g. ABC Pty Ltd as trustee for the XYZ Trust)*

ABN (if any) *(sole trader, partnership and other applicant types)* ACN *(company applicants only)* Registration number *(incorporated association applicants only)*

Registered business name of applicant *(including the trustee in respect of the trust) (if any)*

Registered office address or address of the trust *(PO Box is not acceptable)*

State Postcode

Address of principal place of business/administration if different to the above *(PO Box is not acceptable)*

State Postcode

Postal address (if different to the address of principle place of business)

State Postcode

Country of incorporation/establishment

Specify type of trust *(e.g. discretionary or unit trust)*

Business super fund *(if applicable)*

Business phone number

Address for notices

We may send you correspondence and notices about the Business Investment Account to your mailing address, by facsimile or by email.

Mailing address: *(if different to above)*

State Postcode

Facsimile number

()

Email address:

Name

Business phone number

()

Who can we contact about this application?

Section 2 - Nominated account details (mandatory to open account)

Direct Debit Request

Please complete this section to authorise Members Equity Bank to transfer funds from the nominated bank account specified below to the Business Investment Account. Not all financial institutions accommodate direct debit requests. If you are not sure, please contact the financial institution in question.

I/We authorise and request you, Members Equity Bank (User I.D. 185871) to debit the nominated account at the financial institution shown below, with any amount as instructed by any Authorised Representative or Designated User that may be appointed by me/us from time to time under the Business Investment Account Terms and Conditions. I/We instruct you to credit my/our account with that amount. This authority is to remain in force until further notice.

Nominated account:

Please print details as they appear on the statement of the nominated account. We do not accept third party nominated accounts so please ensure that at least one nominated account holder is also a holder of the Business Investment Account.

Name of financial institution

Address of financial institution

State Postcode

Account name

BSB number

Account number

Section 2 - Nominated account details (continued)

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement contained as Appendix A in the Business Investment Account Terms and Conditions. The Account Holder of the Nominated Account is required to sign. See Section 11 for signature instructions.

Signature 1 Print name

Position

Signature 2 Print name

Position

Bank use only

Account number

Client number

Section 3 - Applicant identification information and individual details

Identification information

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, we must collect certain information in relation to you. The information to be collected depends upon your organisation type and includes the following:

- If you are a company - details of **each** director.
- If you are a partnership - details of **each** partner.
- If you are a trust - details of **each** trustee.

Note, if the trustee or trustees are:

- natural person(s) - please complete the relevant details for each individual trustee within this **Section 3**.
- company(ies) - please complete the relevant details within **Section 6** and **Section 7** in relation to one company trustee only. If there is more than one company trustee of the trust, please detail the full name and registered office address of the other company trustees on a separate sheet and return with this application form.
- If you are a sole trader - details of the proprietor.
- If you are an incorporated association - details of the association's Chairman, Secretary and Treasurer (or equivalent officer in each case).
- If you are a union - details of the union's Chairman, Secretary and Treasurer (or equivalent officer in each case).

Please arrange for each person described as applicable to your entity type to complete their details within **Section 3**.

Personal details - Person No. 1

Relationship to applicant: Director Proprietor Partner Sole trustee Joint trustee

Other (please specify)

Title Mr/Mrs/Miss/Ms/Other

Surname

Given name(s)

Gender (M or F)

Residential address (PO Box is not acceptable)

State

Postcode

Date of birth

Mobile number

Work phone number

Personal details - Person No. 2

Relationship to applicant: Director Proprietor Partner Sole trustee Joint trustee

Other (please specify)

Title Mr/Mrs/Miss/Ms/Other

Surname

Given name(s)

Gender (M or F)

Residential address (PO Box is not acceptable)

State

Postcode

Date of birth

Mobile number

Work phone number

Personal details - Person No. 3

Relationship to applicant: Director Proprietor Partner Sole trustee Joint trustee

Other (please specify) _____

Title *Mr/Mrs/Miss/Ms/Other* Surname

Given name(s) Gender (M or F)

Residential address (PO Box is not acceptable)

State Postcode

Date of birth Mobile number Work number
D D M M Y Y Y Y _____ () _____

Section 4 - Appointment of Authorised Representatives and Designated Users

Authorised Representatives

Authorised Representatives have a higher level of access to the Business Investment Account than Designated Users. An Authorised Representative can change the details of the nominated account, cancel or change the Designated Users' access to the account, close the account and do anything a Designated User can do. Please refer to the Business Investment Account Terms and Conditions for a list of everything that an Authorised Representative can do in relation to the account.

Please nominate the Authorised Representatives for the Business Investment Account (maximum of 2).

Authorised Representative 1. Name (full name) Position/Title

Residential address (PO Box is not acceptable)

State Postcode

Email address Business phone number
_____ () _____

Specimen Signature Date of birth
_____ D D M M Y Y Y Y

Authorised Representative 2. Name (full name) Position/Title

Residential address (PO Box is not acceptable)

State Postcode

Email address Business phone number
_____ () _____

Specimen Signature Date of birth
_____ D D M M Y Y Y Y

Designated Users

Designated Users have more limited rights of access to the Business Investment Account than Authorised Representatives. A Designated User can obtain account history and current balance information using Internet banking, and make deposits to and withdrawals from the account. Please refer to the Business Investment Account Terms and Conditions for a list of everything that a Designated User can do in relation to the account.

Please nominate the Designated Users for the Business Investment Account (maximum of 5).

Designated User 1. Name (full name) Position/Title

Residential address (PO Box is not acceptable)

State Postcode

Email address Business phone number
_____ () _____

Specimen Signature Date of birth
_____ D D M M Y Y Y Y

Designated Users (continued)

Designated User 2. Name *(full name)*

Position/Title

Residential address *(PO Box is not acceptable)*

State

Postcode

Email address

Business phone number

()

Specimen Signature

Date of birth

Designated User 3. Name *(full name)*

Position/Title

Residential address *(PO Box is not acceptable)*

State

Postcode

Email address

Business phone number

()

Specimen Signature

Date of birth

Designated User 4. Name *(full name)*

Position/Title

Residential address *(PO Box is not acceptable)*

State

Postcode

Email address

Business phone number

()

Specimen Signature

Date of birth

Designated User 5. Name *(full name)*

Position/Title

Residential address *(PO Box is not acceptable)*

State

Postcode

Email address

Business phone number

()

Specimen Signature

Date of birth

Please note, once the account has been established all Authorised Representatives and Designated Users will need to contact Members Equity Bank by telephone to set up their access to the Business Investment Account.

Section 5 - Identity Verification Requirements

Each Authorised Representative and Designated User nominated within **Section 4** of this form must have their identity verified if they haven't already done so with Members Equity Bank. If applicable, please arrange for each Authorised Representative and/or Designated User to have their identity verified by completing either Option A or Option B described within the enclosed Individual Identification Requirements form.

Section 6 - Trust beneficiary details - trust applicants only

Please provide the details of the beneficiaries of the trust.

If the terms of the trust identifies the beneficiaries by reference to membership of a class (e.g. family members of a named person), please provide details of the class(es):

If the terms of the trust identifies the beneficiaries by name, please provide the full name of each beneficiary

Given name(s)

Surname

Given name(s)

Surname

Given name(s)

Surname

Section 7 - Company trustee identification information - trust applicants only

Please complete in relation to one company trustee of the trust only.

Full company name

ACN

Company type: Proprietary Company Public Company

Registered office address (PO Box is not acceptable)

State

Postcode

Principal place of business address if different to the registered office address specified above (PO Box is not acceptable)

State

Postcode

Details of Director(s)

Please provide the full names of each director of the company:

Given name(s)

Surname

Given name(s)

Surname

Details of Director(s)

Please complete Section 3 to provide details of the directors of the trustee company.

Details of Major Shareholder(s)

Please complete Section 8 to provide details of major shareholders of the trustee company.

Section 8 - Additional details - company and trust applicants only

Company major shareholder's details (company applicants only)

Please provide the details of each individual who owns 25% or more of the issued capital of the company

Given name(s)

Surname

Residential address (PO Box is not acceptable)

State

Postcode

Given name(s)

Surname

Residential address (PO Box is not acceptable)

State

Postcode

Given name(s)

Surname

Residential address (PO Box is not acceptable)

State

Postcode

Section 9 - Privacy notice

By completing this application form, you are providing personal information about the individuals named in this application to Members Equity Bank for the primary purpose of us verifying their identity in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, and to enable us to assess your application and administer your account. The personal information of the individuals named in this application may be used and disclosed to third party service providers for these purposes and without this information, we may not be able to consider or approve your application.

Any of the individuals named in this application may request access to their own personal information held by Members Equity Bank and ask for it to be corrected if it is inaccurate. To do this they should phone 1300 658 108 during normal business hours or write to the Privacy Officer, Members Equity Bank, GPO Box 1345, Melbourne, Victoria, 3001.

Section 10 - Customer Relations

At Members Equity Bank, we are committed to building a reputation for excellence in customer service that includes delivering on our promises. If for some reason our service does not meet your expectations, please contact us as set out above to find out about our dispute resolution procedures. Members Equity Bank is a member of the Financial Ombudsman Service.

Section 11 - Declaration, Representations and Consent

1. I/We declare that all information provided in this application is true and correct.
2. I/We acknowledge and agree that I/we have obtained and read the Business Deposit Products Interest Rates, Fees and Charges Schedule and that I/we have received any further fees and charges information requested from Members Equity Bank.
3. I/We agree to comply with the Members Equity Bank Business Investment Account Terms and Conditions. I/We agree to ensure that any Authorised Representatives also comply with these Terms and Conditions. Copies of these terms and conditions and the Business Deposit Products Interest Rates, Fees and Charges schedule are available from www.membersequitybank.com.au or by calling us on 1300 658 108.

Members Equity Bank will also provide you with copies of the Terms and Conditions before you start using your account.

4. I/We warrant and represent as follows:
 - in the case of a sole director company, I am the sole director and sole secretary and have full power and authority to open and operate a Business Investment Account;
 - in the case of trusts, I represent that I am the only trustee(s) of the trust and I have full trust power and authority to open and operate a Business Investment Account;
 - in the case of a partnership/association, I represent that I have full power and authority to bind the partnership/association and each of the partners/members in accordance with its constituent documents and have full power and authority to open and operate a Business Investment Account and I undertake to advise Members Equity Bank if the partnership/association is dissolved or terminated or the members of the partnership change;
 - in the case of a union, I represent that the union is an association of employees that is registered or recognised as a trade union under the laws of a State or Territory of Australia, has entered this agreement in accordance with its registered rules and that I am an authorised representative of that association with full power and authority to open and operate a Business Investment Account.;
5. I/We also understand that for joint applicants the signing authority for the account is "any to sign".
6. I/We have informed the people nominated in this form that I/we have provided their personal details to Members Equity Bank and that their personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
7. I/We agree that my/our personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.

If you do not want Members Equity Bank or its subsidiaries or its associated companies to use the personal information contained in this application form to provide such information to you, simply contact Members Equity Bank during normal business hours on 1300 658 108 or insert a cross in this box .

Signed by the applicant (please follow the instructions below to sign this form)

Please follow the instructions below to sign the application form and refer to the application checklist for the documents that need to be provided.

Signature <input type="text"/>	Print name <input type="text"/>
Position <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature <input type="text"/>	Print name <input type="text"/>
Position <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Where the applicant is a:

- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Trust:** All trustees to sign.
- **Partnership:** All partners to sign (unless Members Equity Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- **Union:** Authorised Representative(s) to sign in accordance with the registered rules of the Union.

Checklist before mailing this application

Before you mail this application please check that you have completed the following:

- Signed this application correctly as specified in section 11
- Provided a tax file number or reason for exemption
- Included a copy of a recent bank statement for the nominated account
- Identification forms completed for each individual named on this application

We may also request evidence satisfactory to us that:

- The individuals signing this application hold the positions indicated and have express authority to sign this form, and
- The business or other entity named as the account holder in this application is in existence, validly constituted, and capable of being bound by the Business Investment Account Terms and Conditions.

Please note: the account cannot be set up without all the relevant documents.

Tax File Number (TFN) or Exemption

You are not required by law to provide your TFN and it is not an offence if you do not wish to do so. If you do not supply your TFN or exemption, we will be obliged to deduct tax.

TFN

or reason for exemption



Individual Identification Requirements

To comply with our obligations under the Anti-Money Laundering and Counter Terrorism Financing Act 2006, each account holder who is a natural person as well as each person nominated as an Authorised Representative or Designated User on a Business Investment Account needs to have their identity verified.

Please complete one of the following two options. Note, the business deposit account you have applied for cannot be opened without the completion of these requirements.

Option A for Identification – Documents Certified by an Approved Person

Individuals can complete the identification requirements by taking required original document(s) together with a photocopy of the original to an Approved Person who will verify your original identification document(s) and certify the photocopy.

Categories of Approved Persons	
Police Officer, JP or Notary Public	Post Office Permanent Employee with 2 or more years of continuous service
Barrister or Solicitor	Officer with 2 or more years continuous service with one or more financial institutions
Australian Consular / Diplomatic Officer	Officer with 2 or more years continuous service with one or more finance companies
Judge, Magistrate, Registrar, Deputy or CEO of a Court	Officer or authorised representative of a holder of an Australian Financial Services Licence having 2 or more continuous years of service with one or more licensees
Agent in charge of a Postal Agency	Member of CPA Australia, Institute of Chartered Accountants Australia, or National Institute of Accountants with at least 2 years membership

STEP 1:

Please provide the Approved Person with either:

- One of the documents listed in Category A; **OR**
- One of the documents listed in Category B together with one of the documents listed in Category C.

CATEGORY A <i>(Must contain your photo)</i>	OR	CATEGORY B	+	CATEGORY C <i>(Must contain your full name and residential address)</i>
Current Australian Driver's Licence		Birth Certificate / Extract		State / Federal Govt Financial Benefit Statement (less than 12 months old)
Passport [#]		Current Centrelink Pension Card		ATO Assessment Notice (less than 12 months old)
Current Australian state or territory Proof of Age Card		Citizenship Certificate		Rates / Utilities Notice (less than 3 months old)

[#]An Australian passport that has expired in the preceding 2 years is acceptable. A foreign passport may be used if it is current and contains a Permanent Residency Visa.

STEP 2:

The Approved Person must sight each original identification document and compare the original with the photocopy. The Approved Person must be satisfied the photocopy is a true and correct copy of the original.

If so, the Approved Person is to write the following on the photocopy:

"I certify that this is a true and correct copy of the original".

The Approved Person must also write their full name as well as their qualification/profession and sign and date the photocopy.

STEP 3:

Send the certified photocopy of the identification document(s) together with the completed application form to:

New Accounts - Business Banking,
Members Equity Bank,
Reply Paid 1345, Melbourne, VIC, 8060

Option B for Identification – Bank@Post

An individual can attend a Bank@Post outlet to complete the necessary identification requirements.

Please refer to the following page for instructions.



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Identity Verification Form

Your Identity Document Requirements

You **MUST** present **ONE** primary document from the list.

Does your primary document contain a photo?

- Yes **▶** No additional identification is required.
- No **▶** You must also supply one secondary document that contains your current residential address.

To verify your identity, the details in section A and B must **EXACTLY MATCH** your identification documents including full given name, no initials.

Primary Identification Documents

- Australian Driver Licence or Learner Permit (current)
- Australian Passport (current or expired within the last 2 years)
- International Passport (current)
- Proof of Age Card/NSW Photo Card (current and government issued)
- Centrelink Pension Card (current)
- Australian Birth Certificate (not an extract)
- Australian Citizenship Certificate

Secondary Identification Documents with Residential Address

- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)
- Under 18's letter from a School Principal recording the period of time an individual attended the school (less than 3 months old)

How to lodge your Application at Australia Post

1. Lodge your form at any participating post office. To find the nearest participating outlet, please call 13 13 18 or go to auspost.com.au/pol and select Bank@Post.
2. **DO NOT** complete section C, your signature must be witnessed by the Australia Post verifier.
3. Identification documents **MUST** be presented and be original.

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Applicant

Which Members Equity Bank product are you applying for? (e.g. deposit account)

Title e.g. (Mr, Mrs, etc.) Family name/surname

Given name/s (full name, no initials)

Date of birth

Contact phone number

B. Current Residential Address of Applicant (must be an Australian residential address not a PO Box)

Unit number/street number/street name (with a gap between numbers and words)

Suburb/locality

State

Postcode

C. Declaration by Applicant

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

Your signature must be witnessed by the Australia Post verifier.

Please sign in black ink

Applicant to sign at Australia Post

I acknowledge that the information on this form is true and correct. The details on this form have been completed by me and not another person.

Date

Disclaimer and Privacy Notice - Australia Post is acting as an agent for Members Equity Bank and collects your information to identify you in accordance with requirements under Australian Law. Your details will be forwarded to Members Equity Bank and may also be disclosed to government agencies such as AUSTRAC. Subject to certain exceptions you may request access to your personal information. If access is denied, the law says we must tell you why.

D. Australia Post use only

I confirm that I have sighted original documentation that verifies the Applicant's name, date of birth and/or residential address as required.

Verifier's name

Verifier's signature

Comments

Date

Work centre code