

RaboDirect account opening checklist

Secure Investments F.I.B. Pty Ltd (ABN 73 006 476 400 / AFSL 240893)

KAS00001GAX6

Documents we require you to send us

To complete your application and activate your account we need you to send us the following documents (use the list below as a checklist for yourself):

- The signed Application Form.
- The signed Direct Debit Authority.
- Certified* copy of an original Passport or Drivers Licence for the authorised signatory.
- An original or certified copy of the Trust Deed. Only the pages below are required:
 - (i) cover page - the page displaying the name of the trust or super fund
 - (ii) list of trustees and beneficiaries
 - (iii) execution page - signatures of trustees
 - (iv) For a corporate trustee:
 - copy of the Certificate of Incorporation
 - copy of page(s) displaying list of directors and beneficiaries

Next steps

1

Send your documents to:

RaboDirect
Reply Paid 4715
Sydney NSW 2001
(no stamp required)

OR

RaboDirect
GPO Box 4715
Sydney NSW 2001
(stamp required)



Please note due to circumstances beyond our control, there may be delivery delays with the Reply Paid Service.

2

We will verify your documents and open your account. You'll receive your Welcome Pack containing your Digipass within 5 business days and your initial PIN a few days later. Please keep your welcome letter in a safe place as it contains the details you will need to access your account.



If you do not receive your Welcome Pack, please call our Customer Contact Centre on 1800 445 445, 8am to 7pm (Sydney time), Monday to Friday.

3

Once your RaboDirect account is opened, and your linked account has been verified, we will initiate all direct debit requests specified on your Account Application Form.

We look forward to receiving your details and opening your RaboDirect Account.

Regards,

The RaboDirect Team

*** Certifying copies of an original document:** The authorised certifier must write on the copied document: 'I hereby certify this document is a true copy of the original document shown to me on [date]' and their Authorisation title (e.g. Justice of the Peace), print and sign their name.
Authorised certifiers are: Legal practitioners; Judges; Magistrates; Commonwealth court CEOs; Registrar or deputy registrar of a court; Justice of the Peace; Notary public; Police officer; A person in charge of a post office; An Australian consular or diplomatic officer; A member of the Institute of Chartered accountants; CPA Australia or the National Institute of Accountants; An officer, permanent employee or authorised representative with 2 or more continuous years of service with one of the following: the Australian Postal Corporation, a financial institution, a finance company, Australian Financial Services Limited (AFSL) holder; Medical Practitioners; Chiropractors; Dentists; Nurses; Optometrists; Pharmacists; Physiotherapists; Psychologists; Veterinary Surgeons; An officer of the Australian Defence Force; Patent Attorney; Trademarks Attorney; Sheriff; Teacher employed on a full-time basis at a school or tertiary institution.



Trust Account Application Form

Authorised signatory's details (This should be one of the trustees or in the case of a company trustee, one of the directors. The authorised signatory must also be over 18 years of age and must be a tax resident of Australia)

Email: _____

Contact Numbers (at least one is required):

Mobile number: _____ Home number: (____) _____

Work number: (____) _____

Title: Dr Miss Mr Mrs Ms

First name: _____ Middle name(s): _____

Last name: _____

Date of birth: ____ / ____ / _____

Telephone PIN: _____ This is used for identification purposes over the phone. It needs to be a 4-digit number, and cannot be consecutive, repeated numbers or same as your date of birth.

Residential Address

Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Postal Address

 (Note: this must be the postal address for the Authorised signatory as all mail will be sent to this address)

Is your postal address the same as your residential address? Yes No

Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Tax information

 (Refer to note 1)

Tax file number of the Trust: _____

Tax exemption (optional): A recipient of another pension An entity that is not required

Investor is a pensioner

Trust details

 (the trust must be currently registered in Australia and has an ABN for tax purposes)

ABN: _____

Trust name: _____

Shortened name (for statements): _____

Type of trust: Charitable trust Community trust Family trust
 Personal trust Property trust Trading trust - business

Type of Trustee(s): Individual(s) Company Individual(s) and Company



Registered trust address

Same as authorised signatory's address: Yes No

Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Linked account (Refer to note 2)

To transfer money in and out of your new RaboDirect account, you will need to link it to an existing account with another bank which has the same name as your new RaboDirect account.

Account name: _____

BSB: _____

Account number: _____

Financial institution: _____

Branch: _____

Account details (Refer to note 3)

How would you like to make your initial deposit: I/We will credit the RaboDirect account

Direct debit the linked account

If you would like us to **direct debit** your linked account, please specify the following:

Initial deposit amount: \$ _____

Account to be credited: High Interest Savings Account PremiumSaver

Regular savings plan (optional - Refer to note 4)

Would you like to set up a regular savings plan? Yes No

Regular savings amount: \$ _____

Frequency: Weekly Fortnightly Monthly

Quarterly Half yearly Annually

Start Date: ___/___/_____

Account to be credited: High Interest Savings Account PremiumSaver



Term deposit details (optional)

Add a term deposit to your account and lock in a great rate? Yes No

Term:

| | | | |
|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 month | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 9 months |
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 15 months | <input type="checkbox"/> 18 months | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 4 years | <input type="checkbox"/> 5 years | |

For terms 1 year or greater, please select interest payment frequency:

Monthly Quarterly Semi annually Annually

Interest rate: _____

The interest rate applicable on your term deposit will be the interest rate agreed with your intermediary. If for any reason, this rate is no longer available at the time your RaboDirect account is opened, the term deposit will not be opened and RaboDirect will contact you or your intermediary for further instructions.

Interest will be paid back to your linked account unless indicated below:

Interest to be paid to my Master Savings Account

Amount (min. \$1,000) \$ _____

The maturing Term Deposit will automatically be paid back to your linked account unless indicated below:

Automatically invest in a new Term Deposit?

Yes, principal and interest

Yes, principal only

No, pay principal and interest to my Master Savings Account

How will you fund your term deposit:

I/We will credit the RaboDirect account

Direct debit the linked account

Promotion code (optional): KAS00001GAX6

Direct Debit Authority

I/We authorise and request Rabobank Australia Limited (User 319181), until further notice in writing, to arrange for my/our linked account to be debited via the Bulk Electronic Clearing System with any amounts set out in the above application form and any further amounts I/we instruct Rabobank Australia Limited to debit from time to time.

I/We have read the Direct Debit Authority Service Agreement in the RaboDirect Terms and Conditions and agree to its terms.

Signature of linked account owner(s): _____ **✍ Please sign here**

Name(s): _____ Date: ___ / ___ / _____

Signature – Authorised Signatory

I confirm that:

- I have read this completed Application Form and confirm that all details contained in it are true and correct.
 - I have read and agree to the RaboDirect Terms and Conditions, including any supplementary conditions (where provided) applicable for accounts opened by Secure Investments F.I.B. Pty Ltd.
 - I have received, read and understood the RaboDirect Financial Services Guide.
 - I have read the Consent to receive electronic communication and agree to receive by electronic means information which RaboDirect is required to give me (under legislation or otherwise).
- I would like to be kept informed about interest rates, investment information and product offers from RaboDirect. (optional)

Signature of authorised signatory: _____  **Please sign here**

Name: _____ Date: ___ / ___ / _____


Authorisation, undertaking and acknowledgment from Account Owner(s)


(must be signed by all trustees. In the case of a company trustee, two directors together, or the sole director should sign)


1. We authorise Secure Investments F.I.B. Pty Ltd (ABN 73 006 476 400, AFSL 240893) (the Intermediary) to take the following actions in connection with this application to acquire financial products issued by Rabobank Australia Limited (ABN 50 001 621 129, AFSL 234 700) (Rabobank):
 - a) provide to Rabobank copies of all documents reasonably requested by Rabobank, which may include personal information relating to us;
 - b) provide instructions to Rabobank on our behalf relating to (please choose one or more of the following options):
 - (i) applying for a RaboDirect account;
 - (ii) opening a term deposit;
 - (iii) transferring funds between RaboDirect Master Savings Account and PremiumSaver deposit accounts;
 - (iv) transferring funds between our RaboDirect deposit accounts and Linked Account; and
 - (v) where to transfer a term deposit balance upon maturity; and
 - c) disclose information about us that may be reasonably requested by Rabobank, including details of our bank account for the purposes of the Direct Debit Authority provided to Rabobank in this application.
2. We authorise Rabobank to:
 - a) communicate with the Intermediary as our agent in relation to this application;
 - b) provide to the Intermediary as our agent, information about this application, information regarding our RaboDirect account, and end of financial year statements relating to our RaboDirect account;
 - c) where we hold any term deposit issued by Rabobank, unless we have otherwise instructed Rabobank, transfer the entire balance of the term deposit to the Linked Account nominated in this application upon maturity; and
3. We undertake to advise Rabobank in writing as soon as practically possible when we no longer authorise Secure Investments F.I.B. Pty Ltd to act as agent on our behalf.
4. We acknowledge that Rabobank may not be held liable for any consequences of any actions it takes in accordance with instructions given by the Intermediary or any other person whom we have notified to Rabobank as having the authority to act as my agent and to give such instructions, provided that Rabobank acts reasonably and has no reason to know or reasonably suspect that the person purporting to act on our behalf does not have our authority.
5. We have read and agree to the RaboDirect Terms and Conditions, including any supplementary conditions (where provided) applicable for accounts opened by Secure Investments F.I.B. Pty Ltd.




6. We have received, read and understood the Financial Services Guide.
7. We have read the Consent to receive electronic communication and agree to receive by electronic means information which RaboDirect is required to provide (under legislation or otherwise).
8. We have read this completed Application Form and confirm that all details contained in it are true and correct.

Signature of Trustee/Director 1: _____  **Please sign here**
 Name: _____ Date: ___ / ___ / _____

Signature of Trustee/Director 2: _____  **Please sign here**
 Name: _____ Date: ___ / ___ / _____

Signature of Trustee 3: _____  **Please sign here**
 Name: _____ Date: ___ / ___ / _____

Signature of Trustee 4: _____  **Please sign here**
 Name: _____ Date: ___ / ___ / _____

Company as Trustee:

Company name: _____
 ABN: _____

Notes:

1. Without a TFN or Exemption, tax may be deducted at the top marginal rate plus Medicare levy by RaboDirect from your interest and investment income at the time it is paid.
 Quotation of your TFN or Exemption to RaboDirect is authorised, and its use and disclosure are strictly regulated by the tax laws and privacy legislation. You are not required by law to quote your TFN or Exemption if you do not wish to do so. For more information, contact the Australian Taxation Office on 13 28 61.
 Quotation of your TFN or Exemption will apply to this RaboDirect facility (including any deposit accounts and other investments) unless you notify us otherwise.
2. To transfer money in and out of your new RaboDirect account, you need to link it to your existing account with another bank.
 Please note:
 1. The linked account must be in the same name as your RaboDirect account.
 2. Please ensure the linked account allows for direct debits to be taken from it, as Rabobank Australia Limited will debit the linked account for any amounts instructed by you.
3. Any amount of funds stipulated as opening deposit, regular savings or term deposit, must be in whole dollars. The transfer will be processed once all signed documents have been received and checked by RaboDirect.
4. As part of this application process you may choose to create regular deposits from your linked account into your RaboDirect account. Please note that if your account has not been opened by the start date you selected, the regular deposit will start on the next available cycle date.