

## Important information about AMP Bank Term Deposits

### You need to give us 31 days' notice if you want to withdraw from your term deposit early

If your term deposit is for two months or longer and you'd like to withdraw your money early, you must give us at least 31 days' notice. If your term deposit has less than 31 days until it matures, then you can only withdraw your money at the end of the term. This notice period doesn't apply for customers in hardship.

### Consider if the term deposit product is right for you

If you think you may need to access your money before your term deposit matures, another deposit product may be more suitable to your needs.

### Interest rates may be lower if you reinvest your term deposit for another term

If you choose to reinvest your term deposit when it matures in a new term deposit, a lower interest rate may apply.

# Deposit Account application form – Foreign Companies and Other Organisations

✂ Please staple all relevant material together

## Instructions for completing this form

This application is for:

- a foreign company
- an association (incorporated or unincorporated)
- a government body
- a partnership
- a registered co-operative

For 'Personal Customers and Sole Traders', 'Companies and Financial Institutions', 'Regulated Trusts', 'Unregulated Trusts', and 'SMSFs', please use the Deposit Account application forms for those customer types, available at [amp.com.au/bank](http://amp.com.au/bank).

**Please note:** We will not be able to process your application if you leave out any section, unless otherwise stated.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### 1. Select your account and customer type

All account types, other than term deposits, will be opened on receipt of the application form and certified identification. Please refer to section 22 for details of documentation required, and to section 24 for identification procedures for individuals. A term deposit account will be opened on receipt of the application form, certified identification and funds.

#### 1.1 Select your customer type

Please select your customer type:

- |   |  |
|---|--|
| <input type="checkbox"/> Foreign Company (sections 1–4, 10 and 12–25)               | <input type="checkbox"/> Partnership (sections 1–3, 5, 10 and 12–25)             |
| <input type="checkbox"/> Incorporated Association (sections 1–3, 6, 10 and 12–25)   | <input type="checkbox"/> Government Body (sections 1–3, 9 and 12–25)             |
| <input type="checkbox"/> Unincorporated Association (sections 1–3, 7, 10 and 12–25) | <input type="checkbox"/> Registered Co-operative (sections 1–3, 8, 10 and 12–25) |

#### 1.2 Select the type of account you would like to open (more than one account can be selected)

If you are a company applying for an AMP Notice Account or AMP 6-month Notice Account, the account must be linked to an eligible AMP Bank account. This is all accounts listed below except a Term Deposit or another AMP Notice Account or AMP 6-month Notice Account. Please refer to section 13.2 of this form for more details.

- |   |   |
|---|---|
| <input type="checkbox"/> AMP Access Account         | <input type="checkbox"/> Term Deposit               |
| <input type="checkbox"/> AMP Cash Manager           | <input type="checkbox"/> AMP Notice Account         |
| <input type="checkbox"/> AMP Business Saver Account | <input type="checkbox"/> AMP 6-month Notice Account |
- (You must also select an eligible AMP Bank account to link a Notice Account – see section 13.2)

#### 1.3 Source of wealth

We will not be able to process your application if this section is not completed.

Please select how you have built your overall wealth. Select the one response most relevant.

- Income from employment (regular and/or bonus)
- Investment income (eg rent, dividends, pension)
- Business income
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery winnings, gambling)

#### 1.4 Source of funds

We will not be able to process your application if this section is not completed.

If applying for more than one account, will the source of funds be the same for all accounts?

- Yes – Complete 1.4.1 only
- No – Complete 1.4.1 and 1.4.2

## 1.4 Source of funds (continued)

For each account, please select the source of funds to be used. Select the one response most relevant for each.

### 1.4.1 Source

- Income from employment (regular and/or bonus)
- Investment income (eg rent, dividends, pension)
- Business income
- One-off payment (eg matured investment, court settlement, redundancy, inheritance)
- Sale of assets (eg shares, property)
- Windfall (eg gift, lottery winnings, gambling)
- Borrowed funds
- Government benefits (eg childcare rebate, family tax benefit)

### 1.4.2 Account type (eg AMP Saver Account)


## 1.5 Nature and purpose of business relationship

We will not be able to process your application if this section is not completed.

If applying for more than one account, will the accounts be used for the same purpose?

- Yes – Complete 1.5.1 only
- No – Complete 1.5.1 and 1.5.2

For each account, please select your reason for opening the account(s). Select the one response most relevant for each.

### 1.5.1 Nature and purpose

- Everyday banking eg regular deposits and withdrawals for everyday expenses
- Business income eg regular deposits and withdrawals for expenses (mostly for non-individuals)
- Savings eg regular deposits with few withdrawals, earning interest to grow your balance
- Building wealth eg a large initial deposit, using investment returns to grow your wealth over time

### 1.5.2 Account type (eg AMP Saver Account)


## 2. Are you an existing AMP Bank customer?

- Yes (Please complete section 2.1)  No – continue to section 3

### 2.1 Details of your existing AMP Bank account

Account name

Account/Loan number

Account type

## 3. Customer details

**3.1 Contact details – please provide details for the primary contact person(s) for this new account. If insufficient space, please complete and attach a separate sheet.**

Contact name

Position

Contact phone number

Australian mobile number

Fax number

Email address

### 3.2 Account name

Please specify your Account name. (If applicable, cheque books, deposit books and Access Card will be issued in this name.)

- Eg 1. John Smith Pty Ltd  
2. John Brown Pty Ltd trading as Broken Plumbing Services  
3. John Brown as Trustee for the Brown Family Trust  
4. John Brown Pty Ltd as Trustee for the Brown Road Trust

### 4. Foreign company details

Full name of company

#### 4.1 Is your company registered with the Australian Securities & Investments Commission (ASIC)?

- Yes – please complete below  No – go to section 4.2

Australian Registered Body Number (ARBN)

Registered office address in Australia (must not be a PO Box)

Suburb

State

Postcode

Please provide your Australian principal place of business address or local agent address (must not be a PO Box).

Please select one:

- The Australian principal place of business is the same as the registered office address above.  
 The Australian principal place of business is provided below.  
 The address below is the local agent.

Name of local agent

Address of principal place of business, or local agent

Suburb

State

Postcode

#### 4.2 Is your company registered with a foreign registration body?

- Yes – please complete below  No – go to section 4.4

Name of the foreign registration body

Any identification/registration number issued by the foreign registration body

Registered address as registered by the foreign registration body (please include the country name)

  

#### 4.3 What type of company is your company registered as?

- Public company  Private company  Other (please specify)

#### 4.4 Unregistered companies – please provide your principal place of business address (must not be a PO Box)

Address in the country of formation/incorporation/registration

  

#### 4.5 Regulatory/Listing details

- Regulated company

Regulator name

Licence details

#### 4.5 Regulatory/Listing details (continued)

Australian listed company

Name of market/exchange

Listed company or majority owned subsidiary of an Australian listed company

Name of market/exchange

Australian listed company name

#### 4.6 Director details

If your company is registered as a private company by the relevant foreign registration body, please complete for **all** directors of the company. (If more than four directors, please copy this page and attach as a separate sheet.)

How many directors does the company have?

##### Director 1

Full given name(s)

Surname

Residential Address including Country

Date of birth

##### Director 2

Full given name(s)

Surname

Residential Address including Country

Date of birth

##### Director 3

Full given name(s)

Surname

Residential Address including Country

Date of birth

##### Director 4

Full given name(s)

Surname

Residential Address including Country

Date of birth

#### 4.7 Beneficial ownership (only needs to be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed Company or Regulated Companies in section 4.5)

**4.7.1** List the people who ultimately own 25% or more of the company's capital issued to shareholders (through direct or indirect shareholdings). If no shareholder meets this definition, go to 4.7.2. You'll also need to attach customer identification documents for each person listed. (If more than four beneficial owners, please copy this page and attach as a separate sheet.)

##### Beneficial Owner 1

Full given name(s)

Surname

**4.7 Beneficial ownership (only needs to be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed Company or Regulated Companies in section 4.5) (continued)**

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**Beneficial Owner 2**

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**Beneficial Owner 3**

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**Beneficial Owner 4**

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**4.7.2** If you didn't complete 4.7.1, provide the following details for the people who directly or indirectly control your company. You'll also need to attach customer identification documents for each person. (A person may control the company through: the authority to make decisions about financial or operating policies, voting rights of 25% or more, power of veto, or by way of trusts, agreements and practices. If this person can't be identified, provide details of the senior official(s), such as a managing director).

**Controlling Person 1**

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**Controlling Person 2**

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

## 5. Partnership details

### 5.1 General information

Full name of partnership	<input type="text"/>
Full registered business name (if any) of the partnership	<input type="text"/>
Country where partnership was established	<input type="text"/>

### 5.2 Is your partnership regulated by a professional association? If so, can this be verified in accordance with the association's current membership directory?

Yes – please provide details of the association below     No – go to section 5.3

Name of professional association	<input type="text"/>
Membership details of the professional association	<input type="text"/>

### 5.3 Partner details

If you answered 'Yes' to section 5.2, the details of one partner only are required.

If you answered 'No' to section 5.2, you are required to provide details of all partners of the partnership.

#### Partner 1

Title	<input type="text"/>	Surname	<input type="text"/>
Full given name(s)			
<input type="text"/>			
Date of birth			
<input type="text"/>			
Residential address (a PO Box is not acceptable)			
<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

#### Partner 2

Title	<input type="text"/>	Surname	<input type="text"/>
Full given name(s)			
<input type="text"/>			
Date of birth			
<input type="text"/>			
Residential address (a PO Box is not acceptable)			
<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

#### Partner 3

Title	<input type="text"/>	Surname	<input type="text"/>
Full given name(s)			
<input type="text"/>			
Date of birth			
<input type="text"/>			
Residential address (a PO Box is not acceptable)			
<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

#### Partner 4

Title	<input type="text"/>	Surname	<input type="text"/>
Full given name(s)			
<input type="text"/>			
Date of birth			
<input type="text"/>			
Residential address (a PO Box is not acceptable)			
<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>

(If additional partner details are required, please copy this page and attach as a separate sheet.)

## 5.4 Beneficial ownership

**5.4.1** List the people who ultimately own 25% or more of the partnership, or are entitled (directly or indirectly) to exercise 25% or more of the voting rights, including power of veto. If no person meets this definition, go to 5.4.2. You'll also need to attach customer identification documents for each person listed.

### Beneficial Owner 1

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

### Beneficial Owner 2

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

### Beneficial Owner 3

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

### Beneficial Owner 4

Full given name(s)

Surname

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

**5.4.2** If you didn't complete 5.4.1, list the people who directly or indirectly control the partnership. You'll also need to attach customer identification documents for each person. A person may control the partnership through the capacity to make decisions about financial or operating policies, or by way of trusts, agreements and practices. If this person can't be identified, provide details of the senior official(s), such as a managing partner or an individual with authorisation to sign on the partnership's behalf.

### Controlling Person 1

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female



## 5.4 Beneficial ownership (continued)

### Controlling Person 2

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

Date of birth

Gender

 Male  Female

## 6. Incorporated association details

### 6.1 General information

Full name of incorporated association

Any unique identification number issued upon incorporation

### 6.2 Please select one of the following and provide details below

- Principal place of administration       Registered office address       Public Officer's name and residential address
- Treasurer's residential address (if no Public Officer)       Secretary's residential address (if no Public Officer)       President's name and residential address (if no Public Officer)

Full given name(s)

Surname

Date of birth

Residential address (must not be a PO Box)

Suburb

State

Country

Postcode

### 6.3 General information

Chairman (or equivalent)

Treasurer (or equivalent)

Secretary (or equivalent)

### 6.4 Signing member details

Please provide details of the member entering into transactions on behalf of the association. The identity of this member must be verified in accordance with section 22.3.

Full given name(s)

Surname

Date of birth

Residential address (must not be a PO Box)

Suburb

State

Country

Postcode

## 6.5 Controlling persons

List the people who directly or indirectly control the association, such as the chairman, president, treasurer or secretary. You'll also need to attach customer identification documents for each person listed.

### Controlling Person 1

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

### Controlling Person 2

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

 Male  Female

## 7. Unincorporated association details

### 7.1 General details

Full name of unincorporated association

Principal place of administration, if any (must not be a PO Box)

Street address

Suburb

State

Country

Postcode

### 7.2 Signing member details

Please provide details of the member entering into transactions on behalf of the association. The identity of this member must be verified in accordance with section 22.4.

Full given name(s)

Surname

Date of birth

Residential address (must not be a PO Box)

  

Suburb

State

Country

Postcode

### 7.3 General information

Chairman (or equivalent)

Treasurer (or equivalent)

Secretary (or equivalent)

## 7.4 Controlling persons

List the people who directly or indirectly control the association, such as the chairman, president, treasurer or secretary. You'll also need to attach customer identification documents for each person listed.

### Controlling Person 1

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

Male

Female

### Controlling Person 2

Full given name(s)

Surname

Role

Residential address including Country (must not be a PO Box)

  

Date of birth

Gender

Male

Female

## 8. Registered co-operative details

### 8.1 General information

Full name of co-operative

Any unique identification number issued upon registration

### 8.2 Please select one of the following and provide details below

Principal place of operations

Secretary's residential address

Treasurer's residential address (if no secretary)

President/Chairman's name and residential address (if no secretary)

Residential address (must not be a PO Box)

Suburb

State

Country

Postcode

### 8.3 Please provide full names of the officeholders for the co-operative

Secretary (or equivalent)

Treasurer (or equivalent)

President/Chairman (or equivalent)

## 8.4 Controlling persons

List the people who directly or indirectly control the co-operative, such as the chairman, president, treasurer or secretary. You'll also need to attach customer identification documents for each person listed.

### Controlling Person 1

Full given name(s)	<input type="text"/>
Surname	<input type="text"/>
Role	<input type="text"/>
Residential address including Country (must not be a PO Box)	<input type="text"/>
Date of birth	<input type="text" value="DDMMYYYY"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

### Controlling Person 2

Full given name(s)	<input type="text"/>
Surname	<input type="text"/>
Role	<input type="text"/>
Residential address including Country (must not be a PO Box)	<input type="text"/>
Date of birth	<input type="text" value="DDMMYYYY"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

## 9. Government body

### 9.1 General details

Full name of government body	<input type="text"/>		
Principal place of administration/operations (must not be a PO Box)	<input type="text"/>		
Street address	<input type="text"/>		
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 9.2 Government body structure

<input type="checkbox"/> Commonwealth of Australia	<input type="text"/>
<input type="checkbox"/> State or Territory (please specify)	<input type="text"/>
<input type="checkbox"/> Foreign country (please specify)	<input type="text"/>

**Please Note:** All Signatories on accounts for Government Bodies must also complete and submit an Identification Verification Form (available at [amp.com.au](http://amp.com.au)) with this application.

## 9. Government body (continued)

### 9.3 Controlling persons (Required only for foreign Government Bodies)

List the people who directly or indirectly control the government body, such as the chairman, president, treasurer or secretary. You'll also need to attach customer identification documents for each person listed.

<b>Controlling Person 1</b>	
Full given name(s)	<input type="text"/>
Surname	<input type="text"/>
Role	<input type="text"/>
Residential address including Country (must not be a PO Box)	<input type="text"/>
Date of birth	<input type="text" value="DDMMYYYY"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Controlling Person 2</b>	
Full given name(s)	<input type="text"/>
Surname	<input type="text"/>
Role	<input type="text"/>
Residential address including Country (must not be a PO Box)	<input type="text"/>
Date of birth	<input type="text" value="DDMMYYYY"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

## 10. Additional tax details

It is mandatory to provide the tax residency of a foreign company, partnership, association or co-operative (ie the entity) when completing this application form, even if they are also a taxpayer in Australia. Government bodies do not need to complete this section.

**10.1 Is the entity a financial institution?**  Yes  No

- If 'Yes'—go to question 10.1.1
- If 'No'—go to question 10.2

**10.1.1 If 'Yes', is it an investment entity in a non-participating CRS jurisdiction and managed by another financial institution?**  Yes  No

- If 'Yes'—go to question 10.3
- If 'No'—you have completed this section, go to section 11.

**10.2 Is the entity a publicly listed company, majority owned subsidiary of a publicly listed company, international organisation, central bank or deceased estate?**  Yes  No

- Yes—you have completed this section, go to section 11.
- No—go to question 10.3

**10.3 Is the entity a foreign tax resident?**  Yes  No

- You must answer Yes if the entity is both a foreign and Australian tax resident.
- Yes—complete details below and then go to question 10.4
  - No—go to question 10.4.

The ATO website provides residency test calculators to help determine tax residency, and information on CRS and FATCA. Additional information about CRS and FATCA can be found on the OECD and IRS websites respectively ([oecd.org](http://oecd.org) and [irs.gov](http://irs.gov)).

## 10. Additional tax details (continued)

If the entity is a foreign tax resident, please provide details in the following table.

The entity is a tax resident of the following countries:

	Country of Foreign Tax Residency	Tax identification number (TIN) <sup>1</sup>	If you cannot provide the tax identification number, please insert reason A, B or C from the list below
1			
2			

1 A tax identification number is an identifying number used for tax purposes, normally issued by the local tax authority in a country – eg in Australia, the ATO issues a Tax File Number (TFN).

If you are a tax resident of more than two other countries, please copy this page, complete details and submit with your application.

The reason my TIN is not available is:

- A. The country of my tax residence does not issue TINs.
- B. The country of my tax residence issues a TIN but I currently cannot provide it.
- C. The country of my tax residence does not require TIN to be disclosed.

### 10.4 Is the entity an Active non-financial entity (NFE)?

Yes  No

- Yes—you have completed this section, go to section 11.
- No—go to question 10.5

An Active NFE includes an entity that is not a financial institution and derives less than 50% of its gross annual income from passive income (eg dividends, interest and royalties) and less than 50% of the assets held produce, or are held to produce, the passive income. For details of other Active NFE categories refer to Section VIII of the Common Reporting Standard (CRS) – see ‘Standard for Automatic Exchange of Financial Account Information’ on the OECD website ([oecd.org](http://oecd.org)).

### 10.5 Does the entity have any controlling persons who are foreign tax residents?

Yes  No

- If Yes—complete the following table for each foreign tax resident
- If No—you have completed this section, go to section 11.

A Controlling Person is any individual who directly or indirectly exercises control over the entity. For a company, this includes any beneficial owners controlling more than 25% of the shares in the company. For a Trust, this includes Trustees, Settlers or Beneficiaries. For a partnership this includes any partners.

Full name of person <sup>1</sup>	Country of Foreign Tax Residency	Tax identification number (TIN) <sup>2</sup>	Reason if TIN is not provided (Insert A, B or C from list below)

1 If the residential address, date of birth and role of the foreign controlling person have not already been provided on this form, please insert them into the table above.

2 A tax identification number is an identifying number used for tax purposes, normally issued by the local tax authority in a country – eg in Australia, the ATO issues a Tax File Number (TFN)

If there are more than eight foreign controlling persons, please copy this page, complete details and submit with your application.

The reason the TIN is not available is:

- A. The country of tax residence does not issue TINs
- B. The country of tax residence issues a TIN but I currently cannot provide it
- C. The country of tax residence does not require TIN to be disclosed

## 11. Term Deposits only

Please fill in this section if you are opening a term deposit. Otherwise proceed to section 12.

Your Term Deposit will be opened once we receive your application form and deposit with accompanying certified identification.

**Note:** AMP Bank may adjust the maturity date to be a banking day. The interest rate applied to your Term Deposit will be the rate that is current on the day the account is opened and deposit received by us.

Select your term  Years  Months

**For terms of one year or more, when would you like interest paid?** (Lower interest rates will apply where interest is paid other than annually)

Annually  Every 6 months  Every 3 months  Every month (Please choose one)

**How would you like your interest paid?**

- Reinvest interest (available for terms of one year or less)  
 Transfer interest into my AMP Bank or external bank account (registered in section 13.1).

**What would you like to do when your deposit matures?**

Please note that if you do not provide maturity instructions your Term Deposit will be closed at maturity, and the amount of the deposit and any interest will be paid to your account registered in section 13.1. If there is no account registered in section 13.1, the deposit and interest will be sent to your address by bank cheque.

- Reinvest for the same term.  
 Reinvest for a term of  Years  Months  
 Transfer to my AMP Bank or external bank account (registered in section 13.1).

**How do you want to pay your opening deposit?**

Your opening deposit amount \$

- By cheque (must be payable to the applicant(s) or AMP Bank Limited)  
 AMP Bank to deduct from my AMP Bank or external bank account (registered in section 13.1)

on  (date)

For direct debits, you must provide a copy of an account statement that is no more than six months old for your registered external bank account, confirming the BSB, account number and account name. The conditions applying to direct debit requests are contained in AMP Bank's Account Access and Operating terms and conditions available at [amp.com.au/bank](http://amp.com.au/bank).

Signature of AMP Bank or external bank account holder

Date

Signature of AMP Bank or external bank account holder

Date

All signatories on the AMP Bank or external bank account must sign this section. (If more than two signatories, please copy this page and attach as a separate sheet.)

If you have asked AMP Bank to transfer the opening deposit from your AMP Bank or external bank account registered in section 13.1, please ensure sufficient funds are available in your registered account. If there are insufficient funds in your registered account, you may be charged dishonour fees.

**Please note:** If you have **not** provided proof of identity to us since 12/12/2007, you may need to be re-identified **before** we can transfer the opening balance by Direct Debit from your nominated account.

## 12. Postal address for all notices and statements

Name of addressee

Address

Suburb

State

Country

Postcode

### 13. Register bank accounts held with AMP Bank or other financial institutions

#### 13.1 Register an existing AMP Bank or an external bank account

Please complete this section if you wish to transfer funds **from** your new AMP Bank account **to** another AMP Bank account, or **to** an external bank account you hold with another bank, building society or credit union.

An external account registered here cannot be a credit card. An external account registered here will be visible to all authorised signatories of the account.

Please link the following account to my new AMP Bank account (please place a cross  in the applicable box):

My existing AMP Bank account

AMP Bank account number

My external bank account

Account in the name(s) of

Name of Financial Institution

Branch name

BSB number

Account number

**Warning:** Please enter your account details correctly as AMP Bank is not liable for any loss or other consequences arising from the account information above being incorrect. Your external bank account details can be found on a previous bank statement or cheque book.

#### Daily Transfer Limits on withdrawals to external bank accounts

**Please note:** A default Daily Transfer Limit of \$5,000 applies on withdrawals from your new AMP Bank account to any external bank account you register above. The Daily Transfer Limit includes all withdrawals you make on any single day from your new AMP Bank account to your registered external account.

You may nominate a higher or lower Daily Transfer Limit below to apply to withdrawals **from** your AMP Bank account **to** your registered external account. The maximum Daily Transfer Limit you may nominate is \$250,000.

Daily Transfer Limit \$

#### 13.2 Linking the AMP Notice Account or AMP 6-month Notice Account (not required for financial institutions)

If you have applied for a new AMP Notice Account or AMP 6-month Notice Account, your new account must be linked to an eligible AMP Bank account. Your new AMP Notice Account or AMP 6-month Notice Account may be linked to any of the account types listed in section 1.1 **except** a Term Deposit or another AMP Notice Account or AMP 6-month Notice Account.

Your funds will be transferred into your linked account upon expiry of your notice period.

- Please link my AMP Notice Account/AMP 6-month Notice Account to my existing AMP Bank account, as nominated above.
- I am applying for an eligible AMP Bank account (selected in section 1.1) to be linked to my new AMP Notice Account/AMP 6-month Notice Account.

### 14. Internet Banking and BankPhone access

For BankPhone access on your new company or trust account you will need to call us on 13 30 30 to register after your new account has been established and we have completed the verification of your identity and the identity of the account signatories. You can register for Internet Banking at [amp.com.au](http://amp.com.au).

#### 15. Cheque book/deposit book (available for AMP Cash Manager or AMP Access Account)

Do you require a cheque book or deposit book? If 'No'—leave blank and proceed to section 16.

- Yes – I/we would like a cheque book in the account name       Yes – I/we would like a deposit book in the account name

#### 16. Electronic Communication

Selecting 'Yes' below allows you to submit information via Electronic Communication, as described in Part E of the Account Access and Operating Terms and Conditions. Information you can submit includes application forms, supporting documentation, transaction and account maintenance requests. You agree that we may respond to your Electronic Communication via the same means.

- Yes, I/we would like to operate and transact by Electronic Communication
- No, I/we would not like to operate by Electronic Communication.



## 17. AMP Bank Access Card link (available for AMP Cash Manager or AMP Access Account)

**Please note:** AMP Visa Debit Cards will be issued if the account signing authority is 'any to sign' in section 18. Access Cards with deposit only functionality will be issued if the account signing authority is other than 'any to sign'. Cards must be issued in the individual's name, not the company/trust name.

- Signatory 1 – name on card
- Signatory 2 – name on card

## 18. Account signing authority

Please choose your signing authority:

- Any to sign (any one of the signatories can operate the account).
- All to sign (all of the signatories are required to act to operate the account). Access cards are not available. You will be able to view your account information online but will not be able to transact on line.
- Any two to sign (two of the signatories are required to act to operate the account). Complete only if there are three or more signatories. Access cards are not available. You will be able to view your account information online but will not be able to transact on line.

## 19. National Relay Service registration

Do you want to register to use the National Relay Service? This service is only available on accounts with a signing authority of 'any to sign'.

**Terms of Use:** We may act on instructions through the National Relay Service if it appears to us that the instruction has been appropriately authorised. We may refuse to act on any instruction for any reason, or refuse to act until we receive confirmation of the instructions from you by other means. We will make reasonable efforts to ensure any instructions are acted upon as quickly as possible.

You indemnify us against all losses, costs, damages and liability that we suffer as a result of acting on any instructions we receive through the National Relay Service that appears to us to have been authorised by you.

- Yes, I/we would like to register to use the National Relay Service       No

## 20. Privacy Collection and Disclosure Notice

AMP Bank collects personal information from you (the Individual) in this application. Personal information:

- is required to be collected under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.
- is required and if not provided AMP Bank may not be able to process this application.
- is collected to identify the Individual, to establish new products and services, to manage existing product(s) and services and for related purposes including marketing and research.
- is collected about the Individual throughout the customer relationship, for the purposes of managing accounts and verifying or updating personal information held about the Individual. The disclosures below relate to personal information collected at any time.
- can be disclosed to related bodies corporate for their marketing and research purposes and, to joint venture partners, business partners, associates, advisers, market researchers and service providers both here and overseas. From March 2014, a list of countries where these providers are likely to be located can be accessed via the AMP Privacy Policy.
- can be disclosed with other information AMP Bank holds about the Individual to a financial adviser, broker or originator named in this application, or to joint venture partners, business partners and third party service providers for the purpose of those parties providing the information to the financial adviser, broker or originator named in this application.
- is treated in accordance with the AMP Privacy Policy which contains information about how individuals may access their personal information held by AMP and how they can seek correction of that information or make a complaint about a breach of the Australian Privacy Principles and how AMP will deal with this complaint.

The AMP Privacy Policy is available at [amp.com.au/bank](http://amp.com.au/bank).

To opt out of direct marketing from AMP Bank, to obtain further information about how AMP handles your personal information or to request access to the personal information AMP holds about you, call 13 30 30 or write to:

**AMP Bank, Locked Bag 5059, PARRAMATTA NSW 2124**

## 21. Declaration by signatory/signatories

The following declaration is made by each signatory separately on behalf of the Applicant.

By signing below, as a signatory on behalf of the foreign company, or partnership, or association, or registered co-operative or government body, I declare, acknowledge and confirm that I:

1. Have authorised AMP Bank to verify my account details as set out above.
2. Have read and understood the Privacy Collection and Disclosure Notice above.
3. Have obtained consent from any other individual whose personal information has been disclosed by me in this application, and I have informed the individual of the information within the Privacy Collection and Disclosure Notice above.
4. Have read and agree to be bound by the Direct Debit Request Service Agreement (if applicable).
5. Have reviewed and accepted the relevant Account Access and Operating Terms and Conditions, Fees and Charges Guide, and Product Terms and Conditions or Product Disclosure Statement available at [amp.com.au/bankterms](http://amp.com.au/bankterms) and I can call 13 30 30 to have copies sent to me. I understand that I will automatically agree to them the first time I, or a person authorised by me, operates the account.
6. Acknowledge that early withdrawal from term deposits for two months or more can be subject to 31 days' notice.
7. Understand that AMP Bank may decline this application for any reason in its absolute discretion.
8. Am not commonly known by any other names other than as disclosed in this application form, unless I have disclosed otherwise to AMP Bank.
9. Have provided true and accurate information in relation to this application. Any document or information to be used for the purposes of this application (whether or not provided on or with this application):
  - is correct and complete,
  - if it's about another person, is provided with the authority of that person (if required), and
  - may be used for any other products, services or benefits offered or provided to me through AMP Bank or any other company in the AMP group and subject to their privacy obligations, may be disclosed to and used by the providers of such products, services or benefits to facilitate compliance with anti-money laundering and counter-terrorist financing legislation; and
10. Understand that it may be a criminal offence to knowingly provide false or misleading information or documents in connection with this application.
11. Consent to AMP Bank providing information held about the account(s) being applied for and the account holder(s) to a financial adviser, broker or originator named in this application, and/or to joint venture partners, business partners and related party and third party service providers for the purposes of those parties,
  - i. providing the information to the financial adviser, broker or originator named in this application, or
  - ii. providing administration services to the account holder(s).Such information may comprise customer information (including personal information), account documentation and account information (including account balance, and current and historical account and transactional information).
12. Agree to notify AMP when the tax residency of the entity or any of its controlling persons changes.

Where I have appointed an agent or third party signatory and that person is signing this application on my behalf, the last three declarations above are also given by and bind my agent or third party in the agent's or third party's personal capacity. I will provide proof of authority (such as a Power of Attorney, accompanied by a **Third Party Access** form) which I have obtained from [amp.com.au/bank](http://amp.com.au/bank).

By submitting this application I also acknowledge that AMP Bank may decide to delay or refuse any request or transaction (this includes preventing withdrawals from the account) if AMP Bank has not been able to verify my or a signatory's identity, or if AMP Bank believe in good faith that allowing the transaction may cause an offence to be committed. I understand that AMP Bank does not accept responsibility for any such delay or refusal.

I also confirm that:

- I have provided a valid Tax File Number or exemption for this application, OR
- I have not provided a Tax File Number or exemption and acknowledge that AMP Bank may deduct tax from any interest earned on my account as required by law.

Signature 1

X

Date

DDMMYYYY

Position

Name of signatory

Signature 2

X

Date

DDMMYYYY

Position

Name of signatory

**REMINDER: Go to the section 25 of this form to complete the Tax File Number or exemption section.**

## 22. Documentation checklist

Please return the signed application form along with the documentation listed below (as applicable) to:

**AMP Bank, Customer Services, Locked Bag 5059, PARRAMATTA NSW 2124**

### 22.1 Foreign company

**Foreign company registered with ASIC** – one of the following documents:

- A search of the ASIC database.
- Certified copy of a certificate of registration issued by ASIC.

**Foreign company not registered with ASIC** – one of the following documents:

- A search of the relevant foreign registration body.
- Certified copy of a certificate of registration issued by the relevant foreign registration body.

If it is not possible to verify the company from either or the above:

- A disclosure certificate from the company given by an agent of the company who must also be identified as an individual (section 24).

**Listed company, regulated company or majority owned subsidiary of an Australian listed company** – one of the following documents:

- A search of the relevant financial market.
- A search of the relevant ASIC database.
- A search of the licence or other records of the relevant Commonwealth, State or Territory.
- A public document issued by the relevant company.

**Any signatory to the account**

- Identification as per individual requirements (section 24).

### 22.2 Partnerships

**All partnerships** – one of the following documents:

- An original partnership agreement.
- A certified copy or extract of the partnership agreement.
- A search of the relevant ASIC database or other regulator's database.
- A notice (such as a notice of assessment) issued by the ATO within the last 12 months.
- A certified copy of a certificate of registration of business name issued by a government or government agency in Australia.
- A letter from a solicitor verifying the name and existence of the entity.

**Partnerships regulated by a professional association (section 5.2)**

- Membership details independently sourced from the relevant association.

**Verification of information about one partner and any other signatory to the account**

- Identification as per individual requirements (section 24).

### 22.3 Incorporated Associations

**Incorporated Associations** – one of the following documents:

- Original, certified copy or certified extract of Constitution or Rules of the Association.
- Information provided by the relevant registration body responsible for the incorporation of the association.

**Any signatory to the account.**

- Identification as per individual requirements (section 24).

### 22.4 Unincorporated Associations

**Unincorporated Association**

- Original, certified copy or certified extract of Constitution or Rules of the Association.

**Verified member (named in section 7.2) and any other signatory to the account**

- Identification as per individual requirements (section 24).

### 22.5 Registered Co-operatives

**Registered Co-operatives** – one of the following documents:

- Original, certified copy or certified extract of any Register maintained by the co-operative.
- Information provided by the relevant registration body in relation to the registration of the co-operative.
- Minutes of meeting of the co-operative.

## 22. Documentation checklist (continued)

### 22.6 Government Bodies

- We must be able to verify** the name of the government body; full address of the government bodies principal place of operation; and whether the government body is a body of the Commonwealth of Australia or a State, Territory, State or a Foreign Country using one or more of the following methods:
- Search of the relevant Commonwealth, State, Territory or Foreign Country website or confirmation of the government body's existence (screen print of search process).
  - Review the relevant Commonwealth, State, Territory or Foreign Country register of government bodies (where available).
  - If established under legislation, a copy or relevant extract of the legislation obtained from a reliable and independent source, such as government website.

## 23. Definitions

**Australian listed company** means an Australian company that is a public company included in the official list of an Australian financial market.

**Foreign company** means a company that is incorporated in a country other than Australia and its territories.

**Public company** includes any foreign company that is a listed company and not a private company.

**Public document** has the meaning given to that term in the *Corporations Act 2001* (Cth). It includes, for example, an annual report, prospectus, or product disclosure statement issued by the relevant company.

**Regulated company** means a company (whether Australian or foreign) that is licensed and subject to the regulatory oversight of a commonwealth, State or Territory statutory regulator in relation to its activities as a company.

**Listed company** means:

- An Australian listed company
- American Stock Exchange
- Borsa Italiana
- Bourse de Paris
- Bursa Malaysia Main Board and Bursa Malaysia Second Board
- Eurex Amsterdam
- Frankfurt Stock Exchange
- Hong Kong Stock Exchange
- JSE Securities Exchange
- A foreign company registered with ASIC that is a company included in the official list of an Australian financial market, or
- A foreign company (whether or not registered with ASIC) that is a company whose shares, in whole or in part, are listed for quotation in the official list of any of the following financial markets:
  - London Stock Exchange
  - NASDAQ National Market
  - New York Stock Exchange
  - New Zealand Stock Exchange
  - Stock Exchange of Singapore
  - SWX Swiss Exchange
  - Tokyo Stock Exchange
  - Toronto Stock Exchange, and
  - Any other financial market AMP Bank agrees.

**Certified copy** means a document that has been certified as a true copy of an original document.

**Certified extract** means an extract that has been certified as a true copy of some of the information contained in a complete original document.

**Certification must include** the name, telephone number and qualification of the person certifying.

## 24. Identification procedure – individuals

If you are an existing AMP Bank customer and have provided proof of your identity to us since 12/12/2007 you may not need to be re-identified. Please phone us on 13 30 30 to confirm.

Your identity can be verified from an original or certified copy of one Primary Photographic document which can be your current Australian Passport (if expired, may not be expired for more than the preceding 2 years) or your current Australian Driver's Licence **or** if you are unable to provide a Primary Photographic document, please provide one Primary Non-photographic document **and** one Secondary Identification document.

**What are your options in completing the identification requirements?**

**Option 1:**

Take this form together with your document(s) of identity to your AMP Bank representative who will complete section 16 and post it to AMP Bank on your behalf.

## 24. Identification procedure – individuals (continued)

### Option 2:

Take your original document(s) of identity with you and present them to one of the persons able to certify documents (such as Australia Post). A list of persons able to certify document(s) is shown below. The certifier should be requested to take a clear and legible copy of the identification document and to record on the copy of the original document:

*This and the following (x) page(s) is/are a true and accurate copy of the original cited by me this (day) of (month) (year).*

The certifier must add their full name (please print) and signature and state the type of approved certifier (from the list of certifiers of this form).

Attach the certified copy(ies) of your identity (and that of any third party) to this form together with any other attachments (eg **Third Party Access** form, change of name, etc) and mail to:

**AMP Bank, Customer Services, Locked Bag 5059, PARRAMATTA NSW 2124**

If you are sending in proof of identity, please send certified copies only. Do not send originals.

#### List of identification documents

##### Primary Photographic Identification document means:

- current Australian Driver's Licence containing your photograph, or
- current Australian Passport or expired within the preceding two years, or
- card issued under a State or Territory law, for the purpose of proving a person's age, containing a photograph of the person in whose name the card is issued, or
- foreign government issued passport that contains your photograph and signature.

##### Primary Non-photographic Identification document means:

- Australian birth certificate, or
- Australian citizenship certificate, or
- Pensioner Concession Card issued by Centrelink, or
- Health Care Card issued by Centrelink.

##### Secondary Identification document means:

An original notice issued to an individual, as listed below, that contains your name and residential address:

- issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits, or
- issued by the Australian Tax Office within the preceding 12 months that records a debt payable to or by you, or
- issued by a local government body or utilities provider within the preceding three months that records the provision of services to your address or to you.

#### List of Approved Certifiers

##### Your document verifying your identity may be certified by one of the following:

*(Italics added for ease of comprehension)*

- *(A doctor)* A person who, under a law in force in a State or Territory, is currently licensed or registered to practise in the following occupations: Chiropractor, Dentist, Legal practitioner, Medical practitioner, Nurse, Optometrist, Patent attorney, Pharmacist, Physiotherapist, Psychologist, Trade marks attorney and Veterinary surgeon.
- A Justice of the Peace.
- An Australian police officer, sheriff or sheriff's officer.
- A finance company, credit union, bank, or building society officer with two or more continuous years of service.
- *(An accountant)* A member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants.
- Teacher employed on a full-time basis at a school or tertiary education institution.
- *(The post office)* A permanent employee of the Australian Postal Corporation with two or more continuous years of service who is employed in an office supplying postal services to the public.
- Member of Chartered Secretaries Australia.

**A full list of people who can certify documents or extracts is available at [amp.com.au/identification](http://amp.com.au/identification).**

**Note:** Certification must include the name, telephone number and qualification of the person certifying.

## 24A. Identification verification and declaration (to be completed by an AMP representative only)

### Signatory 1

1		OR	2	
	Primary Photographic document		Primary Non-photographic document	AND Secondary Identification document
Document type/description				
Person to whom it relates (name as shown)				
Document number				
Expiry date				
Place/Office of issue				

**24. Identification procedure – individuals (continued)**

**24A. Identification verification and declaration (to be completed by an AMP representative only) (continued)**

**Signatory 2**

1		OR	2	
	Primary Photographic document		Primary Non-photographic document	AND Secondary Identification document
Document type/description				
Person to whom it relates (name as shown)				
Document number				
Expiry date				
Place/Office of issue				

**AMP Bank sales channel agent to confirm:**

1. I declare that I have sighted the original identification documents or certified copies of the identification documents detailed above (as indicated). Copies of the documents sighted are attached and submitted with this application.

2. I declare that:

- I have not given any advice to the applicant(s) on AMP Bank Deposit Products and this application does not include an AMP Notice Account or AMP 6-month Notice Account.

OR

- I have given advice to the applicant(s) on the relevant AMP Bank Deposit Product(s) and I am qualified to provide this advice.

AMP Bank sales channel agent name (please print)

AMP Bank sales channel agent signature

Sales ID number

Source code

Business name of AMP Bank sales channel agent

Contact phone number

## 25. Tax File Number or exemption

We are authorised to collect the TFN under the *Taxation Administration Act 1953* (Cth). We collect your TFN to determine if we must withhold an amount from any interest we pay to you on your account. You are not required by law to provide your TFN and it is not an offence if you do not provide it.

If you do not supply your TFN or exemption, we will be obligated to deduct tax from the account as required by law.

If you are not an Australian resident, we may be obligated to deduct non-resident withholding tax from the account. This includes accounts where the primary address of any one of the applicant(s)' address is outside of Australia.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

Name in which TFN is registered

Tax File Number

Or, if you're exempt please indicate reason:

Tax returns not required

Non-resident

Other – please specify

**PLEASE NOTE: This page must always be the last page when you are returning your completed application form and any other supporting documents, including identification documents. Please detach the page from the rest of the application form and submit it as the last page.**

## Where to send this form

Mail (no stamp required), email or fax this completed form to:

AMP Bank – Customer Transaction Services  
Reply Paid 79702  
PARRAMATTA NSW 2124  
deposits@amp.com.au  
1300 555 503

You must have provided Electronic Communication consent in section 16 to email or fax this form.