

Business Account Application Form



SEASONAL ACCOUNT (NO OVERDRAFT)
 BUSINESS CHEQUE ACCOUNT (NO OVERDRAFT)
 EVERYDAY COMMUNITY ACCOUNT (not for profit organisations only)
 GOLD CASH MANAGEMENT ACCOUNT
 TERM DEPOSIT*

Please complete this form in **BLOCK LETTERS** using black ink.

Please note that all fields in each section are mandatory unless specified otherwise.

*For Term Deposits please acknowledge that all parties have read and completed the Term Deposit Consent Form.

INSTRUCTIONS FOR COMPLETING THE BUSINESS ACCOUNT APPLICATION FORM

What type of organisation is this application for?	Please complete the following sections and follow all instructions closely.	Staff to complete:
Company	Sections A, C, G, H, I, K and L	Sections H (ID Verification) and M
Partnership	Sections A, B, G, H, I, K, L and C and/or D and/or H for each partner	Sections H (ID Verification) and M
Sole Trader	Sections A, G, H, I, K and L	Sections H (ID Verification) and M
Trust	Sections A, D, G, H, I, K, L and C if any Trustee is a company	Sections H (ID Verification) and M
Association or Cooperative	Sections A, E, G, H, I, K and L	Sections H (ID Verification) and M
Government Body	Sections A, F, G, H, I, K and L	Sections H (ID Verification) and M

Rural Bank needs to identify the shareholder/ownership structure and the beneficial owner of an account. The beneficial owner is a person who owns or controls 25% or more of the customer, exercises 25% or more of the voting rights, 25% or more of the property on dissolution/wind-up or otherwise exercises effective control (eg: CEO, Company Directors, Trustees, Settlers, Partners, Guarantor, Sole trader, non-active participant)

The identity of the following individuals needs to be verified:

- Authorised Signatories for any organisation;
- **Beneficial Owner for Companies;**
- Partners in a Partnership;
- Sole Traders;
- Individual Trustees to a Trust; and
- Either the Chairman, Secretary or Treasurer for Associations or Cooperatives.

The acceptable identification must contain the individuals full name and either residential address or date of birth. The acceptable identification documents comprise:

- (i) one **primary photographic identification** document; **or**
- (ii) one **primary non-photographic identification** document; **and**
- (iii) one **secondary identification** document

Note: Special provisions may also be applied to Minors and Aboriginal Persons or Torres Strait Islanders

<p>PRIMARY PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> <ul style="list-style-type: none"> • Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English) • Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable • Proof of Age Card (issued by an Australian State or Territory) • Foreign National Identity Card, with English translation by an accredited translator (if not in English). 	<p>OR PRIMARY NON-PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> <ul style="list-style-type: none"> • Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English) • Birth Extract issued by an Australian State or Territory • Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English) • Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs.
<p>AND SECONDARY: Must contain individual's name and residential address (not PO Box).</p> <ul style="list-style-type: none"> • Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement) • Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months • Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to the address of that person (e.g. Council rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill) • For a person under 18 years, a letter issued by a school principal (dated within the preceding 3 months) which includes a record of the length of time the person attended the school • For a person 7 to 17 years, a Medicare Card. Must show the individual's name. 	<p>SPECIAL PROVISIONS</p> <ul style="list-style-type: none"> • Minor 0-6 years: Australian or Foreign Birth Certificate or Birth Extract issued by an Australian State or Territory. Must contain individual's name and date of birth • Aboriginal + Torres Strait Islander Residents: Statement from 2 persons who are recognised as Community Leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs). Must contain individual's name and either date of birth or residential address (not PO Box).

The following organisations must provide originals or certified copies of the supporting documentation as stated below:

PARTNERSHIP (one document from the list below)

- a partnership agreement;
- the partnership tax return; and
- the minutes of meeting of the partnership.

TRUST

- a full trust deed and any amending supplementary deed (executed and dated).
- the full name of the settlor of the trust (only if the asset contribution at establishment is \$10,000 or more).

ASSOCIATION (one document from the list below) or COOPERATIVE (two documents from the list below)

- the rules or constitution of the association or cooperative;
- the minutes of meeting of the association or cooperative; and
- any register maintained by the cooperative.

GOVERNMENT BODY

- the authority in writing on official letterhead containing the name, address and Authorised Signatory details (Commonwealth government – authority from Reserve Bank; State government – authority from the Treasurer; Local government – authority from the council/Minister).

If you have any questions on completing this form, please phone our Customer Service Centre on 1300 660 115 during normal business hours.

Business Account Application Form



STAFF USE ONLY
Existing customer number

A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Staff Entertainment Fund, Monthly Expense Account)

FULL NAME OF THE ORGANISATION

FULL NAME OF THE TRUST

ACN/ABN/ARBN

PRIMARY BUSINESS ACTIVITIES

REGISTERED BUSINESS NAME (IF ANY)

DATE BUSINESS NAME REGISTERED (if any)

REGISTERED BUSINESS NUMBER (if any)

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM PRINCIPAL PLACE OF BUSINESS)

STATE

POSTCODE

MAIN CONTACT NAME

TITLE GIVEN NAME(S)

SURNAME

PHONE NUMBER

FAX (IF ANY)

EMAIL ADDRESS (if any)

B PARTNERSHIP DETAILS

PLACE (State, Territory or Country) ESTABLISHED

Please complete section G for the Partnership and section C and/or D and/or H for each Partner.

C COMPANY DETAILS

Please select the company type and complete the relevant sections.

- PROPRIETARY COMPANY
 PUBLIC COMPANY
 FOREIGN PROPRIETARY COMPANY REGISTERED IN AUSTRALIA
 FOREIGN PUBLIC COMPANY REGISTERED IN AUSTRALIA

REGISTERED OFFICE ADDRESS (if any)

STATE

POSTCODE

ACN/ABN/ARBN (if different from section A)

Please complete the following for all Australian and Foreign Proprietary companies.

Please list each Director and Beneficial Owner (owns 25% or more), and tick the appropriate boxes.

DIRECTOR AND/OR BENEFICIAL OWNER 1

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

DIRECTOR AND/OR BENEFICIAL OWNER 3

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

DIRECTOR AND/OR BENEFICIAL OWNER 2

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

DIRECTOR AND/OR BENEFICIAL OWNER 4

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

Please complete section H for any person(s) listed above as a Beneficial Owner and/or Authorised Signatory.

Please complete the following for all Australian companies.

Please state the name of the Company Secretary and tick the appropriate box, if applicable:

TITLE GIVEN NAME(S)

SURNAME

AUTHORISED SIGNATORY

Please complete the following for all Foreign companies.

IS THIS COMPANY REGISTERED BY THE RELEVANT FOREIGN REGISTRATION BODY? YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF RELEVANT FOREIGN REGISTRATION BODY

STATE

POSTCODE

FULL ADDRESS OF THE COMPANY IN ITS COUNTRY OF ORIGIN

COUNTRY

Please complete the following for all companies in a Partnership.

SHARE OF PARTNERSHIP

 %

If more space is required, please complete and attach the corresponding page only from another Business Account Application Form.

D TRUST DETAILS

ABN

TYPE OF TRUST (Formal Trust, Trust by Solicitor, Super fund)

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED

SETTLOR OF THE TRUST Did the settlor of the trust contribute \$10,000 or more at establishment? If yes please complete full name.

Please complete section G for the Trust and list the name and address of each Trustee to the Trust below.

TRUSTEE 1

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

TRUSTEE 3

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

TRUSTEE 2

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

TRUSTEE 4

TITLE GIVEN NAME(S)

SURNAME

(or) FULL NAME OF THE ORGANISATION

RESIDENTIAL OR PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)

STATE

POSTCODE

DATE OF BIRTH

Please complete section H for each Authorised Signatory and at least one individual, if any one of the trustees is an individual.

Please complete section C for at least one organisation, if any one of the trustees is an organisation.

Please list each beneficiary or if the terms of the Trust identify the beneficiaries by reference to membership of a class, details of the class.

BENEFICIARY 1/DETAILS OF THE CLASS

BENEFICIARY 2/DETAILS OF THE CLASS

BENEFICIARY 3/DETAILS OF THE CLASS

BENEFICIARY 4/DETAILS OF THE CLASS

If more space is required, please complete and attach the corresponding page only from another Business Account Application Form.

E ASSOCIATION AND COOPERATIVE DETAILS

Please select the organisation type and complete the relevant sections.

- INCORPORATED ASSOCIATION
 UNINCORPORATED ASSOCIATION
 REGISTERED COOPERATIVE

FULL NAME OF THE CHAIRMAN

FULL NAME OF THE SECRETARY

FULL NAME OF THE TREASURER

Please complete the following for an Incorporated Association or a Registered Cooperative:

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED

--	--

ANY UNIQUE IDENTIFYING NUMBER ISSUED BY THE RELEVANT REGISTRATION BODY

Please complete section H for either the Chairman, Secretary or Treasurer, or for a member representing the Unincorporated Association (if different to the Chairman, Secretary or Treasurer).

F AUSTRALIAN GOVERNMENT BODY DETAILS

Please indicate whether the Government body is an entity or an emanation or is established under legislation of the State, Territory or Commonwealth.

Please determine the government entity / department responsible

G TAX FILE NUMBERS (TFN) AND ACCOUNT PASSWORDS

For your confidentiality, this section will be destroyed after account opening.

TAX FILE NUMBER¹

PARTNERSHIP

SOLE TRADER

TRUST

PASSWORD²

AUTHORISED SIGNATORY 1

AUTHORISED SIGNATORY 2

AUTHORISED SIGNATORY 3

AUTHORISED SIGNATORY 4

- 1 You are not required by law to provide your Tax File Number (TFN). However, if you do not provide your TFN or exemption reason, or if you are not an Australian resident, we are obliged to deduct tax at the highest marginal tax rate, plus Medicare Levy.
- 2 Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters. This is only required for Associated Individuals who are also Authorised Signatories as indicated in section H.

H INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT

ASSOCIATED INDIVIDUAL 1 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

ASSOCIATED INDIVIDUAL 2 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 1 SHARE
 %

REQUIRED FOR A PARTNERSHIP

PARTNER 2 SHARE
 %

STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

ASSOCIATED INDIVIDUAL 1

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

ASSOCIATED INDIVIDUAL 2

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

H INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT (CONT)

ASSOCIATED INDIVIDUAL 3 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

ASSOCIATED INDIVIDUAL 4 (Please tick all that apply)

- BENEFICIAL OWNER TRUSTEE TO A TRUST
 PARTNER AUTHORISED SIGNATORY
 SOLE TRADER OTHER

REQUIRED FOR ALL

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any) DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE POSTCODE

CONTACT NUMBER

OCCUPATION

REQUIRED FOR A PARTNERSHIP

PARTNER 3 SHARE
 %

REQUIRED FOR A PARTNERSHIP

PARTNER 4 SHARE
 %

STAFF USE ONLY – ID Verification for Authorised Signatories, Partners, Sole Traders, Trustees to a Trust and Others.

ASSOCIATED INDIVIDUAL 3

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

ASSOCIATED INDIVIDUAL 4

Existing Customer Only

CUSTOMER NUMBER (and/or) ACCOUNT NUMBER

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER PLACE OF ISSUE

DATE OF ISSUE EXPIRY DATE

I PRODUCT DETAILS

Please select the product(s) you require, and any associated product features.

Please tick

Please indicate the source of funds of these accounts: This is a mandatory field	<input type="checkbox"/> Accumulated Surplus	<input type="checkbox"/> Gift	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments - rollover / sale
	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Prize Money	<input type="checkbox"/> Redundancy Payment	<input type="checkbox"/> Sale of Property
	<input type="checkbox"/> Shareholder Reserve	<input type="checkbox"/> Superannuation Payout	<input type="checkbox"/> Working Capital	
	<input type="checkbox"/> Other: Please specify: _____			

	<input type="checkbox"/> SEASONAL ACCOUNT <input type="checkbox"/> BUSINESS CHEQUE ACCOUNT <input type="checkbox"/> EVERYDAY COMMUNITY ACCOUNT (not for profit organisations only)	<input type="checkbox"/> GOLD CASH MANAGEMENT ACCOUNT	<input type="checkbox"/> TERM DEPOSIT
I/we require a cheque book ¹ :	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf <input type="checkbox"/> 200 leaf	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf <input type="checkbox"/> 200 leaf	(not applicable)
I/we require a VISA Debit card ² to be issued to:	<input type="checkbox"/> Authorised Signatory 1 <input type="checkbox"/> Authorised Signatory 2 <input type="checkbox"/> Authorised Signatory 3 <input type="checkbox"/> Authorised Signatory 4	<input type="checkbox"/> Authorised Signatory 1 <input type="checkbox"/> Authorised Signatory 2 <input type="checkbox"/> Authorised Signatory 3 <input type="checkbox"/> Authorised Signatory 4	(not applicable)
I/we want to make an investment of:	(not applicable)	(not applicable)	\$ <input type="text"/>
I/we want to invest the above amount for:	(not applicable)	(not applicable)	<input type="text"/> months
Proposed interest rate:	(not applicable)	(not applicable)	<input type="text"/> % p.a. <small>Note: The quoted interest rate is subject to change and depends on when funds are received. Changes to the interest frequency, term and amount deposited may affect the interest rate.</small>
I/we want the interest for terms of 12 months or greater to be paid:	(not applicable)	(not applicable)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <small>Note: for terms less than 12 months, interest is paid at maturity.</small>
I/we would like my/our interest to be:	Interest can only be credited to account.	<input type="checkbox"/> Credited to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution	<input type="checkbox"/> Reinvested to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution
Please complete the account details if you have requested interest to be transferred to another account:	(not applicable)	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>
Please indicate the reason for opening the account(s):	<input type="checkbox"/> Account consolidation <input type="checkbox"/> Branch location <input type="checkbox"/> Customer service	<input type="checkbox"/> Interest rates <input type="checkbox"/> Product features <input type="checkbox"/> Marketing/campaigns	<input type="checkbox"/> Refinance Rural Bank account(s) <input type="checkbox"/> Refinance other financial institution account(s) <input type="checkbox"/> Other _____

1 A business cheque book is not permitted when any account signatory is less than eighteen years of age.
 2 A VISA Debit card is not permitted where the signing authority is 'two to sign'.

FINANCIAL CLAIMS SCHEME DISCLOSURE STATEMENT

The Financial Claims Scheme protects depositors through the provision of a guarantee on deposits (up to a cap) held in Authorised Deposit-taking Institutions (ADIs) in Australia and allows quick access to their deposits if an ADI becomes insolvent.

As such please note the following information:

- You may be entitled to a payment under the Financial Claims Scheme in the event of us becoming insolvent;
- Accessibility to the Financial Claims Scheme is subject to eligibility criteria; and
- Information about the Financial Claims Scheme can be found at the APRA website at <http://www.apra.gov.au> and the APRA Hotline on 1300 558 849.

J PRIVACY DISCLOSURE**1. Collection of your personal information**

We, Rural Bank, collect your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details). We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, insurers, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners, product distributors and Community Bank® companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

5. Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1300 660 115.

6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us mark the box in the opt out provision appearing at the end of this form or contact us on 1300 660 115.

7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
- c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website www.ruralbank.com.au or by telephoning 1300 660 115.

K FOREIGN ACCOUNTS TAX COMPLIANCE ACT (FATCA) – COMPLETION OF ALL QUESTIONS IS MANDATORY

Are any applicants Citizens or Residents of the US for Tax purposes? No Yes - please complete the Foreign Tax Details Form (F295)

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? No Yes - please complete the Foreign Tax Details Form (F295)

Is the Entity a Financial Institution? No Yes - please complete the Foreign Tax Details Form (F295)

Are any controlling persons of an Entity Citizens or Residents of the US for Tax Purposes? No Yes - please complete the Foreign Tax Details Form (F295)

For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

COMMON REPORTING STANDARD (CRS) – FOREIGN TAX – COMPLETION OF ALL QUESTIONS IS MANDATORY

Are any individual applicants residents of any country other than Australia or US? No Yes - please complete the Foreign Tax Details Form (F295)

Is the Entity created in any country other than Australia or US? No Yes - please complete the Foreign Tax Details Form (F295)

Is the Entity Account Holder a Passive Non-Financial Entity? No Yes - please complete the Foreign Tax Details Form (F295)

L DECLARATION AND EXECUTION

If you are a new customer, you must sign below in the presence of a Bank representative or if you cannot do this, please complete the Identity Verification form.

As an applicant and/or authorised signatory,

1. I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.
2. I/we acknowledge receiving the Financial Services Guide and agree to be bound by the Banking Account Terms and Conditions.
3. I/We acknowledge that I/we have read and completed the Term Deposit Consent Form.
4. I/we declare that the information provided in this application is true and complete and that Rural Bank will use it to determine whether or not to open an account and issue a VISA Debit card (if applicable).
5. I/we acknowledge that any VISA Debit card issued is not a credit card facility and must not be used to overdraw the account. I/we acknowledge that it may be cancelled at any time.

6. I/we understand that unless otherwise indicated in this application any one account signatory (where there is more than one) can operate the account without the others' permission and that I am/we are responsible for transactions conducted accordingly.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

If you wish to opt out from receiving marketing material from Rural Bank please tick this box

SIGNING AUTHORITY (please tick one box only)

Any one or two of the applicants or authorised signatories (if any) can operate this account.
 The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

EXECUTION – IF INDIVIDUAL OR PARTNERSHIP

AUTHORISED SIGNATORY 1

SIGNATURE

DATE

FULL NAME

AUTHORISED SIGNATORY 2

SIGNATURE

DATE

FULL NAME

AUTHORISED SIGNATORY 3

SIGNATURE

DATE

FULL NAME

AUTHORISED SIGNATORY 4

SIGNATURE

DATE

FULL NAME

OR EXECUTED BY COMPANY OR COMPANY ATF

in accordance with the section 127(1) of the Corporations Act by:

SIGNATURE

DATE

FULL NAME

SIGNATURE

DATE

FULL NAME

M CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly;
2. Verified any existing customer's signature;
3. Verified any new applicant's name, date of birth and residential address against the documents detailed in section H, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.
5. For Term Deposits, ensured that the Term Deposit Consent Form is completed correctly.

CHECKING OFFICER SIGNATURE

BRANCH NAME

DATE

BRANCH COST CENTRE NUMBER

CHECKING OFFICER NAME

BRANCH PHONE NUMBER

AGENT NUMBER (if applicable)

ADDITIONAL AUTHORISED SIGNATORIES FORM ATTACHED?

YES NO

Term Deposit Consent Form



Incorporating Fixed Rate Farm Management Deposits (FMD)

A CUSTOMER DETAILS

CUSTOMER NUMBER/LEDGER:

ACCOUNT NUMBER:

ACCOUNT NAME:

B IMPORTANT CUSTOMER INFORMATION

Please consider the information below before investing in a Term Deposit or Fixed Rate FMD with us:

1. If you require immediate access to your funds in the future, please consider whether or not a Term Deposit or Fixed Rate FMD is appropriate for you. We have other deposit products available which may be more suitable.
2. By opening a Term Deposit, you consent to us automatically renewing your investment on the maturity date. If no instructions are received by us before the maturity date, we will automatically roll your Term Deposit or Fixed Rate FMD into a new term with the same investment term (or nearest equivalent term if the previous investment term is no longer available) at the prevailing interest rate for that term. Due to interest rate movements over time, the interest rate applicable to the new investment may be lower than the rate applied to the previous investment.
3. Whenever you invest with us you have a 10 calendar day grace period, starting on the day after maturity, to make any changes to your investment. For instance, you may want to withdraw funds from your account, increase your investment amount or change the length of your investment term. During the grace period, you can make any such changes to your investment without incurring an interest rate reduction.
4. From 1 January 2015, should you wish to withdraw or transfer your funds after the grace period, your funds will be available 31 days after we receive your request, or at maturity, whichever occurs sooner. This does not apply in cases of proven hardship, as defined by us. Any funds withdrawn after the grace period and prior to maturity will be subject to an interest rate reduction.

C CUSTOMER DECLARATION

Please note: All parties must sign below to acknowledge that they have read and consented to the information above.

CUSTOMER 1

NAME

SIGNATURE

DATE

CUSTOMER 2

NAME

SIGNATURE

DATE

D OFFICE USE ONLY

STAFF MEMBER SIGNATURE

DATE

STAFF MEMBER NAME/ADM NO.