

Personal Account Application Form



EVERYDAY ACCOUNT
EVERYDAY RETIREMENT ACCOUNT
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.

STAFF USE ONLY
Existing customer number

A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Holiday Account, Christmas Fund)

B PERSONAL DETAILS

APPLICANT 1

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

PREFERRED CONTACT NUMBER

HOME

WORK

MOBILE

HOME PHONE NUMBER

WORK PHONE NUMBER

MOBILE PHONE NUMBER

FAX (IF ANY)

OCCUPATION

APPLICANT 2

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

PREFERRED CONTACT NUMBER

HOME

WORK

MOBILE

HOME PHONE NUMBER

WORK PHONE NUMBER

MOBILE PHONE NUMBER

FAX (IF ANY)

OCCUPATION

TAX FILE NUMBERS (TFN) AND ACCOUNT PASSWORDS

FOR YOUR CONFIDENTIALITY, THIS SECTION WILL BE DESTROYED AFTER ACCOUNT OPENING.

You are not required by law to provide your 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. Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters.

APPLICANT 1

TFN/ TFN EXEMPTION REASON

PASSWORD

APPLICANT 2

TFN/ TFN EXEMPTION REASON

PASSWORD

C PRODUCT DETAILS

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

Please tick	EVERYDAY ACCOUNT	EVERYDAY RETIREMENT ACCOUNT ³	GOLD CASH MANAGEMENT ACCOUNT	TERM DEPOSIT
I/we require a cheque book¹:	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf	<input type="checkbox"/> 50 leaf <input type="checkbox"/> 100 leaf <input type="checkbox"/> 200 leaf	(not applicable)
I/we require a VISA Debit card² to be issued to:	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	(not applicable)
I/we want to make an investment of:	(not applicable)	(not applicable)	(not applicable)	\$ <input style="width: 100px;" type="text"/>
I/we want to invest the above amount for:	(not applicable)	(not applicable)	(not applicable)	<input style="width: 100px;" type="text"/> months
Proposed interest rate:	(not applicable)	(not applicable)	(not applicable)	<input style="width: 100px;" 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)	(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.	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)	(not applicable)	NAME OF FINANCIAL INSTITUTION <input style="width: 100px;" type="text"/> BRANCH <input style="width: 100px;" type="text"/> BSB <input style="width: 100px;" type="text"/> ACCOUNT NUMBER <input style="width: 100px;" type="text"/> ACCOUNT NAME <input style="width: 100px;" type="text"/> REFERENCE (if any) <input style="width: 100px;" type="text"/>	NAME OF FINANCIAL INSTITUTION <input style="width: 100px;" type="text"/> BRANCH <input style="width: 100px;" type="text"/> BSB <input style="width: 100px;" type="text"/> ACCOUNT NUMBER <input style="width: 100px;" type="text"/> ACCOUNT NAME <input style="width: 100px;" type="text"/> REFERENCE (if any) <input style="width: 100px;" type="text"/>
Please indicate the reason for opening the account(s):	<input type="checkbox"/> Account consolidation <input type="checkbox"/> Refinance Rural Bank account(s) <input type="checkbox"/> Product features <input type="checkbox"/> Customer service <input type="checkbox"/> Refinance other financial institution account(s)		<input type="checkbox"/> Interest rates <input type="checkbox"/> Branch location <input type="checkbox"/> Marketing/campaigns <input type="checkbox"/> Other _____	

¹ A personal 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 an account applicant is less than twelve years of age or where the signing authority is 'two to sign'. A Minor Account Guarantee and Authorised Signatory Form must be completed where an account applicant is less than eighteen years of age.

³ Only available to personal customers who receive an eligible Centrelink or Veterans' Affairs pension or allowance or who are aged 55 years or over. Interest rate calculations are stepped, which means different interest rates apply to different portions of the balance.

FINANCIAL CLAIMS SCHEME DISCLOSURE STATEMENT

Deposits with Rural Bank are covered by the Financial Claims Scheme. The account holder may be entitled to payment under the Financial Claims Scheme. Payments under the Scheme are subject to a limit for each depositor. Information about the Financial Claims Scheme can be obtained from the APRA website at <http://apra.gov.au> and the APRA hotline on 1300 55 88 49.

D VERIFYING YOUR IDENTITY

You must present the originals or certified copies of either:

- One document from Category 1 AND one document from Category 2 or 3 or 4; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.

CATEGORY 1 <ul style="list-style-type: none"> ▪ An Australian Driver's Licence or Learner's Permit (current) ▪ A Proof of Age or Photo Card (current and government issued) 	CATEGORY 2 <ul style="list-style-type: none"> ▪ An Australian Passport (current or expired within the last 2 years) ▪ A Foreign Passport (current and with a certified English translation) ▪ An Australian Birth Certificate or Birth Extract ▪ An Australian Citizenship Certificate
CATEGORY 3 <ul style="list-style-type: none"> ▪ A Utility Bill or Council Rates Notice (less than 3 months old) ▪ A Taxation Notice or Centrelink Statement (less than 12 months old) 	CATEGORY 4 <ul style="list-style-type: none"> ▪ A Medicare card (current) ▪ A Pension card (current) ▪ A Health Care card issued by Centrelink (current)

STAFF USE ONLY APPLICANT 1 Existing Customer Only CUSTOMER NUMBER (and/or) ACCOUNT NUMBER <input type="text"/> <input type="text"/>		APPLICANT 2 Existing Customer Only CUSTOMER NUMBER (and/or) ACCOUNT NUMBER <input type="text"/> <input type="text"/>	
NEW CUSTOMER ONLY DOCUMENT 1 TYPE OF DOCUMENT <input type="text"/> DOCUMENT NUMBER <input type="text"/> PLACE OF ISSUE <input type="text"/> DATE OF ISSUE EXPIRY DATE <input type="text"/> <input type="text"/>		NEW CUSTOMER ONLY DOCUMENT 1 TYPE OF DOCUMENT <input type="text"/> DOCUMENT NUMBER <input type="text"/> PLACE OF ISSUE <input type="text"/> DATE OF ISSUE EXPIRY DATE <input type="text"/> <input type="text"/>	
DOCUMENT 2 TYPE OF DOCUMENT <input type="text"/> DOCUMENT NUMBER <input type="text"/> PLACE OF ISSUE <input type="text"/> DATE OF ISSUE EXPIRY DATE <input type="text"/> <input type="text"/>		DOCUMENT 2 TYPE OF DOCUMENT <input type="text"/> DOCUMENT NUMBER <input type="text"/> PLACE OF ISSUE <input type="text"/> DATE OF ISSUE EXPIRY DATE <input type="text"/> <input type="text"/>	

E 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. Sometimes we collect or confirm your personal information from a third party such as a credit reporting body. 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 personal 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, sales agents and service providers we engage to carry out function on our behalf where (in each case) 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 call our Customer Service Centre 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 you can mark the box in the opt out provision appearing at the end of this form or contact our Customer Service Centre on 1300 660 115.

7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy is an important document containing information about:

- how you can access and seek correction of your personal information held by us;
- how you can complain about a breach of the privacy laws by us and how we will deal with your complaint;
- 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.

F FOREIGN ACCOUNTS TAX COMPLIANCE ACT (FATCA)

Are any applicants Citizens or Residents of the US for Tax purposes?

Yes - please record their Name, Date of Birth and Address

No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer?

Yes - please record the controlling persons Name, Date of Birth and Address

No

Is the Entity/s a Financial Institution?

Yes - please record the controlling persons Name, Date of Birth and Address

No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax Purposes?

Yes - please record the controlling persons Name, Date of Birth and Address

No

A controlling person can be Shareholders (for Companies), Trustees, Beneficiaries and/or Settlers (for Trusts) or Partners (for Partnerships)

NAME

DATE OF BIRTH

ADDRESS

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

G 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 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).
4. 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.

5. 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.
6. I/we acknowledge that any Instruction Authority Schedule completed only applies to this account and only to instructions received from the Authorised signatories specific fax or via the secure email provided as part of our online banking service.

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.

APPLICANT 1

SIGNATURE

DATE

FULL NAME

APPLICANT 2

SIGNATURE

DATE

FULL NAME

INSTRUCTION AUTHORITY SCHEDULE (optional – please tick the appropriate boxes)

Please note that telephone instructions are not applicable where the signing authority is 'two to sign'.

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax

H CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly and, where applicable, confirmed the customer is eligible to open an Everyday Retirement Account;
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 D, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

ADDITIONAL AUTHORISED SIGNATORIES FORM ATTACHED?

YES NO

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER