

Personal Account Application Form



EVERYDAY ACCOUNT
GOLD CASH MANAGEMENT ACCOUNT
TERM DEPOSIT

Please complete this form in **BLOCK LETTERS** using black or blue 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	<input type="checkbox"/> EVERYDAY ACCOUNT	<input type="checkbox"/> GOLD CASH MANAGEMENT ACCOUNT	<input type="checkbox"/> 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"/> 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	(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"/> Refinance RB 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.

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://www.apra.gov.au> and the APRA hotline on 1300 55 88 49.

D VERIFYING YOUR IDENTITY

You must present the originals 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	CATEGORY 2
<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) 	<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	CATEGORY 4
<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) 	<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	APPLICANT 2
Existing Customer Only	Existing Customer Only
CUSTOMER NUMBER (and/or) ACCOUNT NUMBER	CUSTOMER NUMBER (and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>
NEW CUSTOMER ONLY	NEW CUSTOMER ONLY
DOCUMENT 1	DOCUMENT 1
TYPE OF DOCUMENT	TYPE OF DOCUMENT
<input type="text"/>	<input type="text"/>
DOCUMENT NUMBER	DOCUMENT NUMBER
<input type="text"/>	<input type="text"/>
PLACE OF ISSUE	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>
DOCUMENT 2	DOCUMENT 2
TYPE OF DOCUMENT	TYPE OF DOCUMENT
<input type="text"/>	<input type="text"/>
DOCUMENT NUMBER	DOCUMENT NUMBER
<input type="text"/>	<input type="text"/>
PLACE OF ISSUE	PLACE OF ISSUE
<input type="text"/>	<input type="text"/>
DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>

E PRIVACY ACT CONSENT AND DISCLOSURE STATEMENT

Each person signing this form consents to their personal information being:

- collected by Rural Bank (RB), our sales agents and contracted business originators;
- disclosed to our sales agents, entities related to RB, service providers we engage to carry out functions on our behalf and relevant government authorities; and
- used:
 - to provide the financial products and services requested;
 - for administrative and operational tasks such as management reporting, research, product development and planning;
 - to comply with relevant Government Acts or Regulations; and
 - by RB, our sales agents and contracted business originators for marketing purposes (including marketing by phone and electronic means).

RB may not be able to provide the products and services requested if the information is not provided.

Each person can find out more information about RB and obtain a copy of our Privacy Statement by visiting ruralbank.com.au. Each person can also access their personal information or opt out of receiving marketing material by contacting RB during normal business hours by phoning **1300 660 115** or emailing **service@ruralbank.com.au**. RB, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

F 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 consent to the collection, disclosure and use of my/our personal information as detailed in the Privacy Act Consent and Disclosure Statement.
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 RB 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 email detailed in this application.

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.

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 Email

EMAIL ADDRESS (required if Email is ticked above)

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax Email

EMAIL ADDRESS (required if Email is ticked above)

G 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 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