

Farm Management Deposit (FMD) Application Form



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.

A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. 2008 Crop Production)

B PERSONAL DETAILS

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

DESCRIPTION OF MAJOR COMMODITIES PRODUCED IN THE YEAR OF DEPOSIT

C IMPORTANT INFORMATION ABOUT FMD ACCOUNTS

Authorised deposit-taking institution

The FMD provider issuing the application form is an authorised deposit-taking institution for the purposes of the Banking Act 1959.

Purpose of FMD scheme

The FMD scheme is designed to allow individuals carrying on a primary production business in Australia (primary producers) with a taxable non-primary production income, to shift before-tax income from years when they need it least to years when it is most needed. The scheme helps those individuals to manage their exposure to adverse economic events and seasonal fluctuations. Eligibility criteria apply to individuals carrying on a primary production business in Australia under the scheme.

Tax consequences of FMDs

The scheme allows individuals carrying on a primary production business in Australia to deduct the amount of any FMD they own from their assessable income for the income year in which the deposit is made. However, the amount of the deductions cannot exceed the owner's taxable primary production income for the income year.

Under the Pay As You Go system, owners may reduce their instalment income for an instalment period by the amount of FMDs made during that period. The reduction is limited to the amount that the owners can reasonably expect to deduct for the deposit for the income year in which the deposit is made. However, the instalment income for the period cannot be reduced below nil.

When a FMD is repaid to an owner in an instalment period, the instalment income of the period will include the amount of the repayment. But the owner's instalment income will only include so much of the repayment as will be included in the owner's assessable income for the income year in which the repayment is made.

If neither the owner's tax file number nor Australian Business Number has been quoted to the FMD provider that holds the deposit, the amount repaid will also be subject to withholding tax at the rate equal to the sum of the top marginal tax rate and the Medicare Levy.

Important requirements for FMDs

Some of the requirements for FMDs are summarised below. There are also other requirements set out in the Income Tax Assessment Act 1997. A breach of some of the requirements will result in the deposit not being treated as a FMD, and the tax benefits will be lost.

- The owner must be an individual who is carrying on a primary production business in Australia when the deposit is made.
- The deposit must be made by only one individual and on behalf of only one individual.
- Rights of the depositor are not, and must not be, transferable to another entity.

- The deposit must not be used as security for any amount owed to the FMD provider or any other entity by the depositor or any other entity.
- The deposit must not be used, as a mortgage offset account or otherwise, to reduce the depositor's liability to pay interest on other debts to the FMD provider.
- Interest or other earnings on the deposit must not be invested as a FMD with the FMD provider without having first been paid to the depositor.
- If the depositor requests in writing, the FMD provider must electronically transfer the deposit, or part of the deposit, to another FMD provider that agrees to accept it as a FMD.
- The FMD provider must not deduct any fees from the principal of a FMD. However, it may charge fees on the deposit.

Repayment of FMDs

The tax benefits are not retained for deposit amounts repaid within the first 12 months after the deposit was made, unless the repayment is made:

- (a) in exceptional circumstances and the deposit was made before the declaration of the exceptional circumstances; or
- (b) because the owner:
 - (i) dies; or
 - (ii) becomes bankrupt; or
 - (iii) ceases to carry on a primary production business in Australia and does not start carrying on such a business again within 120 days; or
 - (iv) has requested the deposit, or part of the deposit, to be transferred to another FMD provider; or

The amount of any repayment of the deposit must be at least \$1,000, except where the entire amount of the deposit is repaid.

- (c) because the circumstances specified in regulation 7 of the Income Tax (Farm Management Deposits) Regulations 1998, relating to repayment in the event of a natural disaster, exist.

Additional FMD information

- The minimum deposit is \$1,000 (variable) or \$5,000 (fixed) and the maximum deposit is \$400,000.
- An individual can own more than one FMD, and can own FMDs with different FMD providers, but the sum of the balances all the FMDs of the owner must not be more than \$400,000.
- The amount of any repayment of the deposit must be at least \$1,000, except where the entire amount of the deposit is repaid.
- The taxable non-primary production income for the year of income must not exceed \$65,000.

D TRANSFERRING AN FMD FROM ANOTHER FINANCIAL INSTITUTION

Do you hold a FMD with another FMD provider?

Yes* No

*You can own more than one FMD, and can own FMDs with different FMD providers, but the sum of all balances of all your FMDs must not be more than \$400,000.

If yes, and you wish to transfer all, or part of, that FMD to your new Rural Bank FMD please complete the FMD Account Transfer Form attached on page 5 and forward a copy to the FMD provider you are transferring funds from. No monies can be accepted into a Rural Bank FMD until funds from the other FMD provider are electronically received by us.

NAME OF FMD PROVIDER

DATE OF ORIGINAL DEPOSIT

E PRODUCT DETAILS

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

	<input type="checkbox"/> VARIABLE RATE	<input type="checkbox"/> 3 MONTH FIXED RATE OR <input type="checkbox"/> 6 MONTH FIXED RATE	<input type="checkbox"/> 12 MONTH FIXED RATE OR <input type="checkbox"/> 24 MONTH FIXED RATE
I want to make a deposit of:	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
The minimum deposit amount is:	\$1,000	\$5,000	\$5,000
The maximum deposit amount is¹:	\$400,000	\$400,000	\$400,000
Proposed interest rate:	<input style="width: 80%;" 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>	<input style="width: 80%;" 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>	<input style="width: 80%;" 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 want the interest to be paid:	Interest can only be paid annually.	Interest can only be paid annually.	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Please complete the account details if you have requested interest to be transferred to another account: <small>Note: Interest cannot be paid into an FMD account.</small>	NAME OF FINANCIAL INSTITUTION <input style="width: 95%;" type="text"/>	NAME OF FINANCIAL INSTITUTION <input style="width: 95%;" type="text"/>	NAME OF FINANCIAL INSTITUTION <input style="width: 95%;" type="text"/>
	BRANCH <input style="width: 95%;" type="text"/>	BRANCH <input style="width: 95%;" type="text"/>	BRANCH <input style="width: 95%;" type="text"/>
	BSB <input style="width: 95%;" type="text"/>	BSB <input style="width: 95%;" type="text"/>	BSB <input style="width: 95%;" type="text"/>
	ACCOUNT NUMBER <input style="width: 95%;" type="text"/>	ACCOUNT NUMBER <input style="width: 95%;" type="text"/>	ACCOUNT NUMBER <input style="width: 95%;" type="text"/>
	ACCOUNT NAME ² <input style="width: 95%;" type="text"/>	ACCOUNT NAME ² <input style="width: 95%;" type="text"/>	ACCOUNT NAME ² <input style="width: 95%;" type="text"/>
	REFERENCE (if any) <input style="width: 95%;" type="text"/>	REFERENCE (if any) <input style="width: 95%;" type="text"/>	REFERENCE (if any) <input style="width: 95%;" 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 The cumulative balance of FMDs cannot exceed \$400,000.

2 Must be in your name; can be a joint account.

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. Payment 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.

F 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

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

 / /

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

 / /

EXPIRY DATE

 / /

G PRIVACY ACT CONSENT AND DISCLOSURE STATEMENT

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

- collected by Rural Bank (RB) and our sales agents, including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies and contracted business originators;
- disclosed to our sales agents, entities related to Rural Bank including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies, 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 Rural Bank, the Elders Group of companies and the Bendigo and Adelaide Bank Group of companies for marketing purposes (including marketing by phone and electronic means).

Rural Bank 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 Rural Bank and obtain a copy of our Privacy Statement by visiting ruralbank.com.au. Each person can access their personal information or opt out of receiving marketing material by contacting Rural Bank during normal business hours by phoning **1300 660 115**.

Rural Bank, Elders Group of companies, Bendigo and Adelaide Bank Group, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

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.

ABN/ TFN/ TFN EXEMPTION REASON

PASSWORD

H 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,

1. I consent to the collection, disclosure and use of my personal information as detailed in the Privacy Act Consent and Disclosure Statement.
2. I acknowledge reading and understanding the important information about FMD accounts as set out in section C.
3. I acknowledge receiving the Financial Services Guide and agree to be bound by the Banking Account Terms and Conditions.
4. I 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.
5. I 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.

The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

APPLICANT

SIGNATURE

DATE

FULL NAME

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

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax Email

EMAIL ADDRESS (required if Email is ticked above)

I 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.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER

Farm Management Deposit (FMD) Account Transfer Form



Request to transfer Farm Management Deposit to Rural Bank.

This form is to be completed and provided to the other FMD provider when transferring funds from an existing Farm Management Deposit held with another FMD provider to Rural Bank.

DATE

A TRANSFER FROM (if more than one account, please complete an additional Rural Bank FMD Transfer Form for each account)

ACCOUNT NAME

BANK NAME

BSB

BRANCH

ACCOUNT NUMBER

AMOUNT

B TRANSFER TO

ACCOUNT NAME

BANK NAME

BSB

BANK ADDRESS

ACCOUNT NUMBER

C TRANSFER CONFIRMATION AND DETAILS

(TO BE COMPLETED BY AN AUTHORISED OFFICER OF THE FMD PROVIDER FROM WHICH THE FMD IS BEING TRANSFERRED)

ORIGINAL START DATE OF THE FMD BEING TRANSFERRED

BANK STAMP

SIGNATURE

TITLE GIVEN NAME(S)

SURNAME

DATE

CONTACT NUMBER

Once transfer has been processed, please fax this form to 08 8121 0106.

D CUSTOMER DECLARATION

- I hereby confirm that the sum of all my Farm Management Deposit accounts with Rural Bank and other FMD providers does not exceed \$400,000 (including any deposit made when opening this Farm Management Deposit account).
- I hereby authorise the farm management Deposit detailed in the 'transfer from' section above to be transferred to Rural Bank Limited.
- I hereby authorise

SIGNATURE

DATE

(FMD provider from which funds are being transferred) to provide Rural Bank Limited with the initial start date of my Rural Bank Farm Management Deposit.