

Treasury Deposits Application Form

(Company, Partnership, Sole Trader
or Individual, Trust)



INSTRUCTIONS FOR COMPLETING THE TREASURY DEPOSITS 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, B, F, H & J	Sections H (ID Verification) & K
Partnership	Sections A, C, E, F, J & B and/or H for each partner	Sections H (ID Verification) & K
Sole Trader or Individual	Sections A, E, F, H & J	Sections H (ID Verification) & K
Trust	Sections A, D, E, F, H, J & B if any Trustee is an organisation	Sections H (ID Verification) & K

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.

The identity of the following individuals needs to be verified:

- One Partner in a Partnership;
- Sole Trader or Individual; and
- One Individual Trustee to a Trust.

Identity verification can be achieved by presenting the originals of either:

- One document from Category 1; 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.
If this form cannot be signed in the presence of a Bank representative, the Identity Verification form must be completed.

CATEGORY 1	CATEGORY 2	CATEGORY 3
<ul style="list-style-type: none"> • An Australian Driver's License or Learner's Permit (current) • A Proof of Age card (current and government issued) • An Australian Passport (current or expired within the last 2 years) • A Foreign Passport (current and with a certified English translation) 	<ul style="list-style-type: none"> • An Australian Birth Certificate or Birth Extract • An Australian Citizenship Certificate • A Pension card (current) 	<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)

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;
- the minutes of meeting of the partnership;
- a letter from a solicitor or qualified accountant verifying the name and existence of the entity.

TRUST (one document from the list below)

- a trust deed and any amending supplementary deed;
- a notice (such as a notice of assessment) issued by the ATO within the last 12 months;
- a letter from a solicitor or qualified accountant verifying the name of the trust.

If you have any questions on completing this form, please phone Rural Bank Treasury on 1300 660 115 during normal business hours, Central Standard Time.

Treasury Deposits Application Form



A FACILITY DETAILS

FACILITY TITLE (e.g. ABC Pty Ltd)

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

REGISTERED BUSINESS NUMBER

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (IF DIFFERENT FROM PRINCIPAL PLACE OF BUSINESS)

STATE

POSTCODE

PHONE NUMBER

FAX

EMAIL ADDRESS

MAIN CONTACT NAME

TITLE

GIVEN NAME(S)

SURNAME

B 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 more than 25%), and tick the appropriate boxes. If more space is required, please complete and attach the corresponding page only from another Treasury Deposits Application Form.

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER

TITLE GIVEN NAME(S)

SURNAME

DIRECTOR BENEFICIAL OWNER

Please complete section H for any person(s) listed above as a Beneficial Owner.

Please complete the following for all Foreign companies.

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

COUNTRY OF ORIGIN

C PARTNERSHIP DETAILS

PLACE (State, Territory or Country) ESTABLISHED

IS THIS PARTNERSHIP REGULATED BY A PROFESSIONAL ASSOCIATION? YES NO

If Yes, please complete the following:

NAME OF THE PROFESSIONAL ASSOCIATION

MEMBERSHIP DETAILS

Please complete section E for the Partnership and section B or H for at least ONE partner.

If the Partnership is NOT regulated by a professional association, please complete section B and/or H for EACH Partner. If more space is required, please complete and attach the corresponding page(s) only from another Treasury Deposits Application Form.

D TRUST DETAILS

ABN

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

PLACE (State, Territory or Country) ESTABLISHED

Please complete section E for the Trust and list the name and address of each Trustee to the Trust. If more space is required, please complete and attach the corresponding page only from another Treasury Deposits Application Form.

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

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

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

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

Please indicate if the Trust is (tick the appropriate box):

- A MANAGED INVESTMENT SCHEME REGISTERED BY ASIC
- A MANAGED INVESTMENT SCHEME NOT REGISTERED BY ASIC, HAS ONLY WHOLESALE CLIENTS AND DOES NOT MAKE SMALL SCALE OFFERINGS TO WHICH SECTION 1012E OF THE *CORPORATIONS ACT 2001* APPLIES
- REGISTERED AND SUBJECT TO THE REGULATORY OVERSIGHT OF A COMMONWEALTH STATUTORY REGULATOR IN RELATION TO ITS ACTIVITIES AS A TRUST
- A GOVERNMENT SUPERANNUATION FUND ESTABLISHED BY LEGISLATION
- NONE OF THE ABOVE

If you have indicated 'none of the above', please:

- list each beneficiary or if the terms of the Trust identify the beneficiaries by reference to a membership class, details of the class,
- complete section H for at least one individual, if any one of the trustees is an individual, and
- complete section B for at least one organisation, if any one of the trustees is an organisation.

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

BENEFICIARY 1/DETAILS OF THE CLASS

BENEFICIARY 2/DETAILS OF THE CLASS

BENEFICIARY 3/DETAILS OF THE CLASS

BENEFICIARY 4/DETAILS OF THE CLASS

E TAX FILE NUMBERS (TFN)

FOR YOUR CONFIDENTIALITY, YOUR TFN WILL BE DESTROYED AFTER THE FACILITY IS OPENED.

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.

TFN (Partnership)

TFN (Trust)

TFN (Sole Trader)

TFN (Individual)

F PRODUCT DETAILS

Please select the product(s) you require.

Authorised products

- 11AM DEPOSIT
 TREASURY TERM DEPOSIT
 NEGOTIABLE CERTIFICATE OF DEPOSIT

Agreed methods of dealing

- TELEPHONE
 FACSIMILE
 EMAIL

Please complete section J for each Authorised Operator who is authorised to submit instructions to RB Treasury.

Please provide settlement and confirmation details:

Option 1

AUSTRACLEAR CODE 1

AUSTRACLEAR CODE 2

AUSTRACLEAR CODE 3

Option 2

NAME OF FINANCIAL INSTITUTION

BSB

ACCOUNT NUMBER

ACCOUNT NAME

Option 3

- CORPORATE CHEQUE MADE PAYABLE TO THE FACILITY HOLDER

HEAD OFFICE USE ONLY

RB DEALER (insert name)

COUNTERPARTY INPUT

TFN/ABN INPUT

SSI INPUT

CONTACT DETAILS INPUT

INPUT VERIFIED (Treasury Settlements)

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.

G FEES AND CHARGES THAT MAY APPLY TO TREASURY DEPOSIT PRODUCTS

RB may charge fees and charges in relation to Treasury Deposit products. The current fees and charges are:

- company search fee (for each company search we undertake prior to issuing a Treasury Deposit product);
- additional statement request fee (for each copy of an additional statement you request – applicable only for 11am Deposit as other Treasury Deposit products do not have statements);
- audit request fee (for each audit certificate you request from us);
- administration fee (for miscellaneous requests) – the amount of this fee will vary depending on the time it takes us to deal with the request.

The company search fee is payable before we undertake the company search. Other fees are payable at the time your request is made, or later if we agree.

Details of these fees and charges can be found in the Treasury Deposits Terms and Conditions.

H INDIVIDUALS ASSOCIATED WITH THIS FACILITY

ASSOCIATED INDIVIDUAL 1 (Please tick all that apply)

- BENEFICIAL OWNER INDIVIDUAL
 PARTNER TRUSTEE TO A TRUST
 SOLE TRADER

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)

CONTACT NUMBER
 ()

OCCUPATION

ASSOCIATED INDIVIDUAL 2 (Please tick all that apply)

- BENEFICIAL OWNER INDIVIDUAL
 PARTNER TRUSTEE TO A TRUST
 SOLE TRADER

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)

CONTACT NUMBER
 ()

OCCUPATION

STAFF USE ONLY - ID Verification for one Partner, Sole Traders, one Individual and one (non-corporate) Trustee to a Trust.

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
 / / / /

DOCUMENT 2

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
 / / / /

H INDIVIDUALS ASSOCIATED WITH THIS FACILITY (CONT)

ASSOCIATED INDIVIDUAL 3 (Please tick all that apply)

- BENEFICIAL OWNER INDIVIDUAL
 PARTNER TRUSTEE TO A TRUST
 SOLE TRADER

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)

CONTACT NUMBER
 ()

OCCUPATION

ASSOCIATED INDIVIDUAL 4 (Please tick all that apply)

- BENEFICIAL OWNER INDIVIDUAL
 PARTNER TRUSTEE TO A TRUST
 SOLE TRADER

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)

CONTACT NUMBER
 ()

OCCUPATION

STAFF USE ONLY - ID Verification for one Partner, Sole Traders, one Individual and one (non-corporate) Trustee to a Trust.

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
 / / / /

DOCUMENT 2

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
 / / / /

I 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 access their personal information or opt out of receiving marketing material by contacting RB during normal business hours by phoning **1300 660 115**.

RB, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

J 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 operator,

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

5. I/we acknowledge that the information provided herein will be used to subscribe to the products detailed in this form and RB is obliged to only complete trades where the terms of the trade fully comply with the details provided.

6. I/we acknowledge that all persons held out as a representative of the counterparty have been duly appointed and retain their appointment until such time as RB is advised otherwise.

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 operators (if any) can operate this facility.

APPLICANT OR AUTHORISED OPERATOR 1

SIGNATURE

DATE

 / /

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 2

SIGNATURE

DATE

 / /

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 3

SIGNATURE

DATE

 / /

FULL NAME

AUTHORISED OPERATOR'S POSITION

APPLICANT OR AUTHORISED OPERATOR 4

SIGNATURE

DATE

 / /

FULL NAME

AUTHORISED OPERATOR'S POSITION

BROKER STAMP OR AGENT NUMBER

K 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 and either date of birth or residential address against the documents detailed in section H; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)