

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

**Please complete this form in BLOCK LETTERS using black 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 or certified copies 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"> <li>▪ An Australian Driver's License or Learner's Permit (current)</li> <li>▪ A Proof of Age card (current and government issued)</li> <li>▪ An Australian Passport (current or expired within the last 2 years)</li> <li>▪ A Foreign Passport (current and with a certified English translation)</li> </ul>	<ul style="list-style-type: none"> <li>▪ An Australian Birth Certificate or Birth Extract</li> <li>▪ An Australian Citizenship Certificate</li> <li>▪ A Pension card (current)</li> </ul>	<ul style="list-style-type: none"> <li>▪ A Utility Bill or Council Rates Notice (less than 3 months old)</li> <li>▪ A Taxation Notice or Centrelink Statement (less than 12 months old)</li> </ul>

**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)

TITLE    GIVEN NAME(S)

SURNAME

SURNAME

DIRECTOR     BENEFICIAL OWNER

DIRECTOR     BENEFICIAL OWNER

TITLE    GIVEN NAME(S)

TITLE    GIVEN NAME(S)

SURNAME

SURNAME

DIRECTOR     BENEFICIAL OWNER

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

## G FEES AND CHARGES THAT MAY APPLY TO TREASURY DEPOSIT PRODUCTS

Rural Bank 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 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:

- a. how you can access and seek correction of your personal information held by us;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with your 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](http://www.ruralbank.com.au) or by telephoning 1300 660 115.

# J 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.



## K 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,

- I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.
- I/we acknowledge receiving the Financial Services Guide and agree to be bound by the Treasury Deposits Terms and Conditions.
- 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 a facility.
- 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.
- I/we acknowledge that the information provided herein will be used to subscribe to the products detailed in this form and Rural Bank is obliged to only complete trades where the terms of the trade fully comply with the details provided.
- 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 Rural Bank 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.

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 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

## L CHECKING OFFICER DECLARATION

I declare that I have:

- Checked the application is completed correctly;
- Verified any existing customer's signature;
- Verified any new applicant's name and either date of birth or residential address against the documents detailed in section H; and
- Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

CHECKING OFFICER NAME

DATE

AGENT NUMBER (IF APPLICABLE)