

# Business Account Application Form

## STAFF ASSISTED

RURAL BANK ONE BUSINESS SAVER  
RURAL BANK ONE BUSINESS TERM DEPOSIT\*

☐ I acknowledge that I have read the updated declaration with respect to the migration located in **section K – Checking Officer Declaration** before completing this form.

### INSTRUCTIONS FOR COMPLETING THE BUSINESS ACCOUNT APPLICATION FORM

What type of organisation is this application for?	Please complete the following sections and follow all instructions closely.
Company	Sections A, C, E, F, G, and I
Partnership	Sections A, B, E, F, G, I, and C if partnership is owned by a company, and/or D if owned by a trust
Sole Trader	Sections A, E, F, G, and I
Trust	Sections A, D, E, F, G, I and C if any Trustee is a company

Please complete this form in **BLOCK LETTERS** using **black ink**.  
If you make a mistake, please cross it out and initial any change.

**\*For Term Deposit applications, please acknowledge that all parties have read and completed the Term Deposit Consent Form.**

Please read the Banking Accounts Terms and Conditions, and the Rural Bank Schedule of Fees and Charges (Terms) available at [www.ruralbank.com.au](http://www.ruralbank.com.au) and consider whether the product is appropriate for you before making any decision in relation to it.

If you are a new customer to Rural Bank, you need to provide identification to your branch representative as outlined below.

**The following organisations must provide 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.

#### TRUST

- a trust deed and any amending supplementary deed.

**The identity of the following individuals needs to be verified:**

- Authorised Signatories for any organisation;
- **Beneficial Owner for Companies;**
- Partners in a Partnership;
- Sole Traders; and
- Individual Trustees to a Trust.

**The acceptable identification must contain the individuals full name and either residential address or date of birth. The acceptable identification documents comprise:**

- (i) one **primary photographic identification** document; or
- (ii) one **primary non-photographic identification** document; and
- (iii) one **secondary identification** document

Note: Special provisions may also be applied to Minors and Aboriginal Persons or Torres Strait Islanders

<b>PRIMARY PHOTOGRAPHIC:</b> Must contain individual's name and either residential address (not PO Box) or date of birth. <ul style="list-style-type: none"> <li>• Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English)</li> <li>• Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable</li> <li>• Proof of Age Card (issued by an Australian State or Territory)</li> <li>• Foreign National Identity Card, with English translation by an accredited translator (if not in English).</li> </ul>	<b>OR PRIMARY NON-PHOTOGRAPHIC:</b> Must contain individual's name and either residential address (not PO Box) or date of birth. <ul style="list-style-type: none"> <li>• Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English)</li> <li>• Birth Extract issued by an Australian State or Territory</li> <li>• Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English)</li> <li>• Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs.</li> </ul>
<b>AND SECONDARY:</b> Must contain individual's name and residential address (not PO Box). <ul style="list-style-type: none"> <li>• Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement)</li> <li>• Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months</li> <li>• Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to the address of that person (e.g. Council rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill)</li> <li>• For a person under 18 years, a letter issued by a school principal (dated within the preceding 3 months) which includes a record of the length of time the person attended the school</li> <li>• For a person 7 to 17 years, a Medicare Card. Must show the individual's name.</li> </ul>	<b>SPECIAL PROVISIONS</b> <ul style="list-style-type: none"> <li>• Minor 0-6 years: Australian or Foreign Birth Certificate or Birth Extract issued by an Australian State or Territory. Must contain individual's name and date of birth</li> <li>• Aboriginal + Torres Strait Islander Residents: Statement from 2 persons who are recognised as Community Leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs). Must contain individual's name and either date of birth or residential address (not PO Box).</li> </ul>

# Business Account Application Form

RURAL BANK ONE BUSINESS SAVER  
RURAL BANK ONE BUSINESS TERM DEPOSIT

Existing customer  
number

## A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Staff Entertainment Fund etc)

FULL NAME OF THE ORGANISATION

FULL NAME OF THE TRUST

ACN/ABN/ARBN (cross out whichever not applicable)

PRIMARY BUSINESS ACTIVITIES

REGISTERED BUSINESS NAME (if any)

DATE BUSINESS NAME REGISTERED (if any)

REGISTERED BUSINESS NUMBER (if any)

PRINCIPAL PLACE OF BUSINESS (PO Box not acceptable)

STATE

POSTCODE

POSTAL ADDRESS (if different from principal place of business)

STATE

POSTCODE

### MAIN CONTACT NAME

TITLE GIVEN NAME(S)

SURNAME

HOME PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

## B PARTNERSHIP DETAILS

PLACE (State, Territory or Country) ESTABLISHED

Please complete section F for the Partnership and section C and/or D and E for each Partner.

## C COMPANY DETAILS

Please select the company type and complete the relevant sections.

☐ PROPRIETARY COMPANY

REGISTERED OFFICE ADDRESS (if any)

STATE

POSTCODE

ACN/ABN/ARBN (if different from section A)

Please complete the following for all Australian Proprietary companies.

Please list each Director and Beneficial Owner (owns more than 25%), and tick the appropriate boxes.

### DIRECTOR AND/OR BENEFICIAL OWNER 1

TITLE GIVEN NAME(S)

SURNAME

☐ DIRECTOR ☐ BENEFICIAL OWNER ☐ AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)



STATE

POSTCODE

### DIRECTOR AND/OR BENEFICIAL OWNER 3

TITLE GIVEN NAME(S)

SURNAME

☐ DIRECTOR ☐ BENEFICIAL OWNER ☐ AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)



STATE

POSTCODE

### DIRECTOR AND/OR BENEFICIAL OWNER 2

TITLE GIVEN NAME(S)

SURNAME

☐ DIRECTOR ☐ BENEFICIAL OWNER ☐ AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)



STATE

POSTCODE

### DIRECTOR AND/OR BENEFICIAL OWNER 4

TITLE GIVEN NAME(S)

SURNAME

☐ DIRECTOR ☐ BENEFICIAL OWNER ☐ AUTHORISED SIGNATORY

(or) FULL NAME OF THE ORGANISATION

PRINCIPAL PLACE OF BUSINESS ADDRESS (PO Box not acceptable)



STATE

POSTCODE

Please complete section E for any person(s) listed above as a Beneficial Owner and/or Authorised Signatory.

Please complete the following for all Australian companies.

Please state the name of the Company Secretary and tick the appropriate box, if applicable:

TITLE GIVEN NAME(S)

SURNAME

☐ AUTHORISED SIGNATORY

Please complete the following for all companies in a Partnership.

SHARE OF PARTNERSHIP

 %

### Foreign Tax (FATCA & CRS) – Completion of this section is mandatory

Was the Entity(s) created in the US, established under the laws of the US or a US taxpayer?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No	Was the Entity created in any country other than Australia or US?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No
Is the Entity a Financial Institution?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No	Is the Entity Account Holder a passive non-financial Entity?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No

1. Please complete the Foreign Tax Details Form (RB295).

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

**D TRUST DETAILS**

ABN

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

PLACE (State, Territory or Country) ESTABLISHED DATE ESTABLISHED

SETTLOR OF THE TRUST Did the settlor of the trust contribute \$10,000 or more at establishment? If yes please complete full name.

**Please complete section F for the Trust and list the name and address of each Trustee to the Trust below.****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 complete section E for all individuals associated with this account.****Please complete section C for any trustees that are organisations.****Please list each beneficiary or if the terms of the Trust identify the beneficiaries by reference to membership of a class, details of the class.**

BENEFICIARY 1/DETAILS OF THE CLASS

BENEFICIARY 2/DETAILS OF THE CLASS

BENEFICIARY 3/DETAILS OF THE CLASS

BENEFICIARY 4/DETAILS OF THE CLASS

**Foreign Tax (FATCA & CRS) – Completion of this section is mandatory**

Was the Entity(s) created in the US, established under the laws of the US or a US taxpayer?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No	Was the Entity created in any country other than Australia or US?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No
Is the Entity a Financial Institution?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No	Is the Entity Account Holder a passive non-financial Entity?	<input type="checkbox"/> Yes <sup>1</sup>	<input type="checkbox"/> No

1. Please complete the Foreign Tax Details Form (RB295).

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

## E INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT

### ASSOCIATED INDIVIDUAL 1 (Please tick all that apply)

- ☐ BENEFICIAL OWNER<sup>2</sup>
☐ TRUSTEE TO A TRUST  
☐ PARTNER
 ☐ AUTHORISED SIGNATORY  
☐ SOLE TRADER
 ☐ OTHER<sup>3</sup>

#### 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)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

CONTACT NUMBER

OCCUPATION

#### REQUIRED FOR A PARTNERSHIP

PARTNER 1 SHARE

 %

### ASSOCIATED INDIVIDUAL 2 (Please tick all that apply)

- ☐ BENEFICIAL OWNER<sup>2</sup>
☐ TRUSTEE TO A TRUST  
☐ PARTNER
 ☐ AUTHORISED SIGNATORY  
☐ SOLE TRADER
 ☐ OTHER<sup>3</sup>

#### 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)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

CONTACT NUMBER

OCCUPATION

#### REQUIRED FOR A PARTNERSHIP

PARTNER 2 SHARE

 %

## FOREIGN TAX (FATCA & CRS) – COMPLETION OF THIS SECTION IS MANDATORY

Are you a U.S. citizen, U.S. resident for tax purposes or resident for tax purposes of any other country (other than Australia) ☐ No ☐ Yes<sup>4</sup>

Are you a U.S. citizen, U.S. resident for tax purposes or resident for tax purposes of any other country (other than Australia) ☐ No ☐ Yes<sup>4</sup>

- A Beneficial Owner or Controlling Person is an individual who owns 25% or more, or controls (directly or indirectly), the Customer. It includes where an individual can exercise control through making decisions about financial and operating policies or the organisation.
- Controlling Person is generally a natural person who exercises control over an entity. Control depends on the legal structure of the entity.
  - For a company, Controlling Persons include any natural person that holds directly or indirectly more than 25 percent of the shares or voting rights of the entity as a beneficial owner. If no such person exists, then it is any natural person(s) that otherwise exercise control over the management of the entity (for example, the senior managing official of the company).
  - For a trust, the term Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust.
  - For a partnership Controlling Person means any natural person who exercises control through direct or indirect ownership of the capital or profits of the partnership, voting rights in the partnership, or who otherwise exercises control over the management of the partnership.
- Please complete the Foreign Tax Details Form (RB295).

## E INDIVIDUALS ASSOCIATED WITH THIS ACCOUNT (CONT)

### ASSOCIATED INDIVIDUAL 3 (Please tick all that apply)

- ☐ BENEFICIAL OWNER<sup>2</sup>
☐ TRUSTEE TO A TRUST  
☐ PARTNER
 ☐ AUTHORISED SIGNATORY  
☐ SOLE TRADER
 ☐ OTHER<sup>3</sup>

#### 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)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

CONTACT NUMBER

OCCUPATION

#### REQUIRED FOR A PARTNERSHIP

PARTNER 1 SHARE

 %

### ASSOCIATED INDIVIDUAL 4 (Please tick all that apply)

- ☐ BENEFICIAL OWNER<sup>2</sup>
☐ TRUSTEE TO A TRUST  
☐ PARTNER
 ☐ AUTHORISED SIGNATORY  
☐ SOLE TRADER
 ☐ OTHER<sup>3</sup>

#### 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)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

CONTACT NUMBER

OCCUPATION

#### REQUIRED FOR A PARTNERSHIP

PARTNER 2 SHARE

 %

## FOREIGN TAX (FATCA & CRS) – COMPLETION OF THIS SECTION IS MANDATORY

Are you a U.S. citizen, U.S. resident for tax purposes or resident for tax purposes of any other country (other than Australia) ☐ No ☐ Yes<sup>4</sup>

Are you a U.S. citizen, U.S. resident for tax purposes or resident for tax purposes of any other country (other than Australia) ☐ No ☐ Yes<sup>4</sup>

- A Beneficial Owner or Controlling Person is an individual who owns 25% or more, or controls (directly or indirectly), the Customer. It includes where an individual can exercise control through making decisions about financial and operating policies or the organisation.
- Controlling Person is generally a natural person who exercises control over an entity. Control depends on the legal structure of the entity.
  - For a company, Controlling Persons include any natural person that holds directly or indirectly more than 25 percent of the shares or voting rights of the entity as a beneficial owner. If no such person exists, then it is any natural person(s) that otherwise exercise control over the management of the entity (for example, the senior managing official of the company).
  - For a trust, the term Controlling Persons means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust.
  - For a partnership Controlling Person means any natural person who exercises control through direct or indirect ownership of the capital or profits of the partnership, voting rights in the partnership, or who otherwise exercises control over the management of the partnership.
- Please complete the Foreign Tax Details Form (RB295).

## F TAX FILE NUMBERS (TFN) AND ACCOUNT PASSWORDS

For your confidentiality, this section will be destroyed after account opening.

### TAX FILE NUMBER<sup>5</sup>

PARTNERSHIP

SOLE TRADER

TRUST

COMPANY

### PASSWORD<sup>6</sup>

AUTHORISED SIGNATORY 1

AUTHORISED SIGNATORY 2

AUTHORISED SIGNATORY 3

AUTHORISED SIGNATORY 4

5. 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.
6. Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters. This is only required for Associated Individuals who are also Authorised Signatories as indicated in section E.

## G PRODUCT DETAILS

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

Please tick

Please indicate the source of funds of these accounts: This is a mandatory field	<input type="checkbox"/> Accumulated Surplus	<input type="checkbox"/> Gift	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments - rollover / sale
	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Prize Money	<input type="checkbox"/> Redundancy Payment	<input type="checkbox"/> Sale of Property
	<input type="checkbox"/> Shareholder Reserve	<input type="checkbox"/> Superannuation Payout	<input type="checkbox"/> Working Capital	
	<input type="checkbox"/> Other: Please specify: _____			

	<input type="checkbox"/> <b>RURAL BANK ONE BUSINESS SAVER</b>	<input type="checkbox"/> <b>RURAL BANK ONE BUSINESS TERM DEPOSIT</b>
Opening Deposit Method:	<input type="checkbox"/> Online banking transfer	<input type="checkbox"/> Cheque (attached)* <input type="checkbox"/> Online banking transfer <input type="checkbox"/> Direct Debit (Please complete and return the attached <b>Direct Debit Request Form</b> )
I/we want to make an investment of:	(not applicable)	\$ <input type="text"/>
I/we want to invest the above amount for:	(not applicable)	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Please indicate the reason for opening the account(s):	<input type="checkbox"/> Account consolidation <input type="checkbox"/> Customer service <input type="checkbox"/> Refinance Rural Bank account(s)	<input type="checkbox"/> Refinance other financial institution account(s) <input type="checkbox"/> Other _____

\* We are unable to accept traveller's cheques, international drafts or money orders to open a Rural Bank ONE Term Deposit or Saver however we will accept cheques payable to Rural Bank or to the account owners into Rural Bank ONE Term Deposits. Where a Rural Bank ONE Term Deposit is opened via cheque, funds will only be redeemed by cheque (fees may apply) in the exact name of the Rural Bank ONE Term Deposit account holder and posted to the residential address recorded for that account.

### FINANCIAL CLAIMS SCHEME DISCLOSURE STATEMENT

The Financial Claims Scheme protects depositors through the provision of a guarantee on deposits (up to a cap) held in Authorised Deposit-taking Institutions (ADIs) in Australia and allows quick access to their deposits if an ADI becomes insolvent.

As such please note the following information:

- You may be entitled to a payment under the Financial Claims Scheme in the event of us becoming insolvent;
- Accessibility to the Financial Claims Scheme is subject to eligibility criteria; and
- Information about the Financial Claims Scheme can be found at the APRA website at <http://www.apra.gov.au> and the APRA Hotline on 1300 558 849.

## H 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. 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 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, our joint venture partners, product distributors and Community Bank® companies where 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 contact us 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 mark the box in the opt out provision appearing at the end of this form or contact us on 1300 660 115.

### 7. Privacy Policy

You should also read our Privacy Policy. Our Privacy Policy contains information about:

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

## I DECLARATION AND EXECUTION

If you are a new customer, you must complete the Identification Verification form.

By signing below, I/we acknowledge and confirm that as an applicant and/or authorised signatory:

- 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 Banking Accounts Terms and Conditions.
- I/we acknowledge that I/we have read and completed the Term Deposit Consent Form.
- 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.

- 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.
- I/we acknowledge that only instructions received from the Authorised Signatories via secure email detailed in this application apply.

**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.

#### EXECUTION – IF INDIVIDUAL OR PARTNERSHIP

##### AUTHORISED SIGNATORY 1

SIGNATURE

DATE

FULL NAME

EMAIL ADDRESS (required)

##### AUTHORISED SIGNATORY 2

SIGNATURE

DATE

FULL NAME

EMAIL ADDRESS (required)



**I DECLARATION AND EXECUTION (CONT.)****AUTHORISED SIGNATORY 3**

SIGNATURE

DATE

FULL NAME

EMAIL ADDRESS (required)

**AUTHORISED SIGNATORY 4**

SIGNATURE

DATE

FULL NAME

EMAIL ADDRESS (required)

**OR EXECUTION BY COMPANY**

I/we have read and agreed to the Banking Accounts product Terms and Conditions, Schedule of Fees and Charges and Financial Services Guide available at [www.ruralbank.com.au](http://www.ruralbank.com.au)

COMPANY NAME AND ABN

In accordance with section 127(1) of the Corporations Act by:

SIGNATURE

DATE

NAME OF DIRECTOR/SECRETARY

SIGNATURE

DATE

NAME OF DIRECTOR/SECRETARY

**J NEXT STEPS**

Our staff will check we have all the required documentation from you and activate your account. We will email you once the account is opened or if we require any further information. If you are opening your account via direct debit please make sure you have sufficient funds in this account to cover your opening deposit.

Thank you for your application. We look forward to receiving your details and opening your Rural Bank ONE Account.

**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 customer's name, date of birth and residential address against the Identification Documents provided; and
4. For Term Deposits, ensured that the Term Deposit Consent Form is completed correctly.
5. Customer has been informed of the following:

From 8 November 2024 Rural Bank product(s) will be transitioned to equivalent Bendigo Bank products. While many things will stay the same (e.g. your account number), there will be some changes. A description of the changes is available in the product variation notices available on the Rural Bank website by selecting 'Changes to how you bank with us' on the homepage or by entering [www.ruralbank.com.au/changes-to-how-you-bank-with-us](http://www.ruralbank.com.au/changes-to-how-you-bank-with-us)

Once the transition happens you will be able to see your account and product details in Bendigo Bank e-banking, which you can access via [www.bendigobank.com.au](http://www.bendigobank.com.au) and the mobile app. We will send you information on how to do this in due course.

We understand that this may be a big change for you. While it is our belief that this is a stronger proposition for you, you may have a different view and we respect that. If you have any concerns about this change, please raise them with us before you proceed with applying for the account.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER

ADDITIONAL AUTHORISED SIGNATORIES FORM ATTACHED?

☐ YES ☐ NO

# Term Deposit Consent Form



## Incorporating Fixed Rate Farm Management Deposits (FMD)

### A CUSTOMER DETAILS

CUSTOMER NUMBER/LEDGER:

ACCOUNT NUMBER:

ACCOUNT NAME:

### B IMPORTANT CUSTOMER INFORMATION

Please consider the information below before investing in a Term Deposit or Fixed Rate FMD with us:

1. If you require immediate access to your funds in the future, please consider whether or not a Term Deposit or Fixed Rate FMD is appropriate for you. We have other deposit products available which may be more suitable.
2. By opening an account, you consent to us automatically renewing your investment on the maturity date. If no instructions are received by us before the maturity date, we will automatically roll your Term Deposit or Fixed Rate FMD into a new term with the same investment term (or nearest equivalent term if the previous investment term is no longer available) at the prevailing interest rate for that term. Due to interest rate movements over time, the interest rate applicable to the new investment may be lower than the rate applied to the previous investment.
3. Whenever you invest with us you have a 10 calendar day grace period, starting on the day after maturity, to make any changes to your investment. For instance, you may want to withdraw funds, increase your investment amount or change the term of your investment. During the grace period, you can make any such changes to your investment without incurring an interest rate reduction.
4. Should you wish to withdraw or transfer your funds after the grace period, your funds will be available 31 days after we receive your request, or at maturity, whichever occurs sooner. This does not apply in cases of proven hardship, as defined by us. Any funds withdrawn after the grace period and prior to maturity will be subject to an interest rate reduction.

### C CUSTOMER DECLARATION

**Please note: All parties must sign below to acknowledge that they have read and consented to the information above.**

#### CUSTOMER 1

NAME

SIGNATURE

DATE

#### CUSTOMER 2

NAME

SIGNATURE

DATE

### D OFFICE USE ONLY

STAFF MEMBER SIGNATURE

DATE

STAFF MEMBER NAME/ADM NO.

# Direct Debit Request

## RURAL BANK ONE TERM DEPOSIT

Request and authority to debit the account named below to pay:

Rural Bank ONE Term Deposit

**Note:** Direct Debit not available for Rural Bank ONE Saver.

If you wish to open your Rural Bank ONE Term Deposit by direct debit, please complete this form and post it with your account opening application.

DATE

### A DIRECT DEBIT REQUEST

I/we \_\_\_\_\_ and \_\_\_\_\_

of \_\_\_\_\_

request and authorise Rural Bank - A Division of Bendigo and Adelaide Bank Limited (User ID 207181) to arrange for any amount Rural Bank may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

### B PAYMENT DETAILS

#### PAYMENT AMOUNT

PAYMENT AMOUNT

\$

AMOUNT IN WORDS

#### ACCOUNT DETAILS

ACCOUNT NAME

BANK NAME

BSB

				-			
--	--	--	--	---	--	--	--

BRANCH

ACCOUNT NUMBER

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NARRATION (if required)

Note: Please check with your financial institution to ensure the account nominated facilitates direct debiting.

#### PAYMENT INSTRUCTIONS

PAYMENT DATE (dd/mm/yy)

#### ACCOUNT TO BE CREDITED

BSB

6	3	3	-	1	1	1
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ACCOUNT NUMBER

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### C PROTECTING YOUR PRIVACY

We, Rural Bank, collect your personal information to provide you with the direct debit services you have requested. To do that, we may need to disclose your personal information to electronic network administrators, other financial institutions and to an entity or person you have requested us to pay on your behalf. Some of these entities may be located overseas. If any of that information is not provided, we may not be able to provide you with those direct debit services. You should also read our privacy policy which contains information about how you can gain access to and seek correction of your personal information, and how you can complain about a breach of the privacy laws by us and how we will deal with a complaint. Our privacy policy is available at [www.ruralbank.com.au](http://www.ruralbank.com.au)

### D CUSTOMER AUTHORITY

By signing this Direct Debit Request you acknowledge you have read and understood the terms and conditions governing the debit arrangements between you and Rural Bank as set out in this request and in the Direct Debit Request Service Agreement below.

SIGNATURE 1

SIGNATURE 2

NAME

NAME

# **E DIRECT DEBIT REQUEST - SERVICE AGREEMENT**

## **Definition of Terms**

**'account'** means the account held at your financial institution from which we are authorised to arrange for funds to be debited;

**'agreement'** means this Direct Debit Request Service Agreement;

**'business day'** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia;

**'debit day'** means the day that a direct debit is to be made under your Direct Debit Request and your Direct Debit Service Agreement;

**'customer'** means, in respect of a deposit, the person described as the depositor(s);

**'debit payment'** means a particular transaction where a debit is made;

**'us'** or **'we'** means Rural Bank;

**'you'** means the person(s) who signed the Direct Debit Request; and

**'your financial institution'** means the financial institution where you hold the account that you have authorised us to debit.

## **1. Debiting your account**

- 1.1. By signing a direct debit request, *you* have authorised *us* to arrange for funds to be debited from your *account*.  
*You* should refer to the direct debit request and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2. *We* will only arrange for funds to be debited from your *account* as authorised in the direct debit request.
- 1.3. If the *debit day* falls on a day that is not a *business day*, we may direct *your financial institution* to debit your *account* on the following *business day*.

## **2. Changes by us**

- 2.1. Acting reasonably, *we* may vary any details of this *agreement* or a direct debit request at any time by giving *you* at least fourteen (14) days written notice. If *you* do not agree to the change *you* can cancel your Direct Debit Request.

## **3. Changes by you**

- 3.1. Subject to 3.2 and 3.3, *you* may change the arrangements under a direct debit request by contacting *us* via secure email.
- 3.2. If *you* wish to stop or defer a *debit payment* *you* must notify *us* via secure email at least seven (7) days before the debit day.  
This notice should be given to *us* in the first instance. *You* may also stop or defer a direct *debit payment* by contacting *your financial institution*.
- 3.3. *You* can cancel your Direct Debit Request at any time by giving *us* seven (7) days notice in writing via secure email before the *debit day*. This notice should be given to *us* in the first instance. *You* may also cancel your *direct debit payment* by contacting *your financial institution*.

## **4. Your obligations**

- 4.1. It is your responsibility to ensure there are sufficient clear funds available in your *account* to allow a *debit payment* to be made in accordance with the direct debit request.
- 4.2. If there are insufficient funds in your *account* to meet a *debit payment*:
  - i) *you* may be charged a fee and/or interest by your *financial institution*;
  - ii) *you* may also incur fees or charges imposed or incurred by *us*. Please refer to the Rural Bank Schedule of Fees and Charges for more information; and
  - iii) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in your *account* by an agreed time so that *we* can process the debit payment.
- 4.3. *You* should check your *account* statement to verify that the amounts debited from your *account* are correct.
- 4.4. If Rural Bank (the 'Bank') is liable to pay goods and services tax ('GST') on a supply made by the Bank in connection with this agreement, then *you* agree to pay the Bank on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## **5. Dispute**

- 5.1. If *you* believe there has been an error in debiting your *account*, *you* should notify *us* directly on 1300 660 115 and confirm that notice in writing via secure email with *us* as soon as possible so that *we* can resolve your query more quickly.
- 5.2. If *we* conclude as a result of our investigations that your *account* has been incorrectly debited *we* will respond to your query by arranging for *your financial institution* to adjust your *account* (including interest and charges) accordingly.  
*We* will also notify *you* in writing of the amount by which your *account* has been adjusted.
- 5.3. If *we* conclude as a result of our investigations that your *account* has not been incorrectly debited *we* will respond to your query by providing *you* with reasons and any evidence for this finding.
- 5.4. Any queries *you* may have about an error made in debiting your *account* should be directed to *us* in the first instance so *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer to your financial institution, which will obtain details from *you* about the disputed transaction and may lodge a claim on your behalf.

## **6. Accounts**

- 6.1. *You* should check:
  - i) with your *financial institution* whether direct debiting is available from your *account* as direct debiting is not available on all accounts offered by financial institutions;
  - ii) your *account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and
  - iii) with your *financial institution* before completing the direct debit request if *you* have any queries about how to complete the direct debit request.

## **7. Notice**

- 7.1. If *you* wish to notify *us* in writing about anything relating to this agreement, *you* should write to Rural Bank, PO Box 3660, Rundle Mall, SA, 5000.
- 7.2. *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the direct debit request.
- 7.3. Any notice will be deemed to have been received two business days after it is posted.

## **8. Exercising our rights**

- 8.1. If any term of this agreement or a Direct Debit Request is subject to unfair contract terms legislation, *we* may only exercise our rights under that term of the extent necessary to protect our legitimate interests. This does not apply however if the term is one which would not cause any detriment to *you* if *we* applied it or relied on it, or if the term does not cause a significant imbalance between *you* and *us*.