

Personal Account Application Form



EVERYDAY ACCOUNT | EVERYDAY RETIREMENT ACCOUNT | GOLD CASH MANAGEMENT ACCOUNT | TERM DEPOSIT*

Please complete this form in BLOCK LETTERS using black ink.

Please note that all fields in each section are mandatory unless specified otherwise.

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

STAFF USE ONLY
Existing customer number

A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Holiday Account, Christmas Fund)

B PERSONAL DETAILS

APPLICANT 1

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any)

DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE

POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

PREFERRED CONTACT NUMBER

HOME

WORK

MOBILE

HOME PHONE NUMBER

WORK PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

Do you currently hold one of the following Commonwealth Government concession cards: Health Care card, Pensioner Concession card, Commonwealth Seniors Health card or Department of Veterans' Affairs Gold Health Card? Yes No

APPLICANT 2

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any)

DATE OF BIRTH

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE

POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

PREFERRED CONTACT NUMBER

HOME

WORK

MOBILE

HOME PHONE NUMBER

WORK PHONE NUMBER

MOBILE PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

Do you currently hold one of the following Commonwealth Government concession cards: Health Care card, Pensioner Concession card, Commonwealth Seniors Health card or Department of Veterans' Affairs Gold Health Card? Yes No

If you hold one of the above cards, you may be eligible for a low fee Bendigo Bank Concession Account. If you are interested, please talk to a Rural Bank representative before proceeding with this application.

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) Yes¹ No

Are you a U.S. citizen, U.S. resident for tax purposes or resident for tax purposes of any other country (other than Australia) Yes¹ No

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

TAX FILE NUMBERS (TFN) AND ACCOUNT PASSWORDS

FOR YOUR CONFIDENTIALITY, THIS SECTION WILL BE DESTROYED AFTER ACCOUNT OPENING.

You are not required by law to provide your TFN. However, if you do not provide your TFN or exemption reason, or if you are not an Australian resident, we are obliged to deduct tax at the highest marginal tax rate, plus Medicare Levy. Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters.

APPLICANT 1

TFN/ TFN EXEMPTION REASON

PASSWORD

APPLICANT 2

TFN/ TFN EXEMPTION REASON

PASSWORD

C PRODUCT DETAILS

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

Please tick

Please indicate the source of funds of these accounts: This is a mandatory field	<input type="checkbox"/> Savings	<input type="checkbox"/> Redundancy	<input type="checkbox"/> Sale of property	<input type="checkbox"/> Gift
	<input type="checkbox"/> Income	<input type="checkbox"/> Retirement	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Legal Settlement
	<input type="checkbox"/> Other: Please specify: _____			

Please tick

	<input type="checkbox"/> EVERYDAY ACCOUNT	<input type="checkbox"/> EVERYDAY RETIREMENT ACCOUNT ³	<input type="checkbox"/> GOLD CASH MANAGEMENT ACCOUNT	<input type="checkbox"/> TERM DEPOSIT
I/we require a VISA Debit card ² to be issued to:	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	(not applicable)
I/we want to make an investment of:	(not applicable)	(not applicable)	(not applicable)	\$ <input type="text"/>
I/we want to invest the above amount for:	(not applicable)	(not applicable)	(not applicable)	<input type="text"/> months
Proposed interest rate:	(not applicable)	(not applicable)	(not applicable)	<input type="text"/> % p.a. <small>Note: The quoted interest rate is subject to change and depends on when funds are received. Changes to the interest frequency, term and amount deposited may affect the interest rate.</small>
I/we want the interest for terms of 12 months or greater to be paid:	(not applicable)	(not applicable)	(not applicable)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <small>Note: for terms less than 12 months, interest is paid at maturity.</small>
I/we would like my/our interest to be:	Interest can only be credited to account.	Interest can only be credited to account.	<input type="checkbox"/> Credited to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution	<input type="checkbox"/> Reinvested to this account <input type="checkbox"/> Transferred to another Rural Bank account <input type="checkbox"/> Transferred to an account held with another financial institution
Please complete the account details if you have requested interest to be transferred to another account:	(not applicable)	(not applicable)	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>	NAME OF FINANCIAL INSTITUTION <input type="text"/> BRANCH <input type="text"/> BSB <input type="text"/> ACCOUNT NUMBER <input type="text"/> ACCOUNT NAME <input type="text"/> REFERENCE (if any) <input type="text"/>
Please indicate the reason for opening the account(s):	<input type="checkbox"/> Account consolidation <input type="checkbox"/> Refinance Rural Bank account(s) <input type="checkbox"/> Product features <input type="checkbox"/> Customer service <input type="checkbox"/> Refinance other financial institution account(s)		<input type="checkbox"/> Interest rates <input type="checkbox"/> Branch location <input type="checkbox"/> Marketing/campaigns <input type="checkbox"/> Other _____	

2. A VISA Debit card is not permitted where an account applicant is less than twelve years of age or where the signing authority is 'two to sign'. A Minor Account Guarantee and Authorised Signatory Form must be completed where an account applicant is less than eighteen years of age.

3. Only available to personal customers who receive an eligible Centrelink or Veterans' Affairs pension or allowance or who are aged 55 years or over. Interest rate calculations are stepped, which means different interest rates apply to different portions of the balance.

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.

D VERIFYING YOUR IDENTITY

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.

<p>PRIMARY PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> <ul style="list-style-type: none"> • 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) • Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable • Proof of Age Card (issued by an Australian State or Territory) • Foreign National Identity Card, with English translation by an accredited translator (if not in English). 	<p>OR PRIMARY NON-PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> <ul style="list-style-type: none"> • Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English) • Birth Extract issued by an Australian State or Territory • Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English) • Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs.
<p>AND SECONDARY: Must contain individual's name and residential address (not PO Box).</p> <ul style="list-style-type: none"> • Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement) • Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months • 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) • 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 • For a person 7 to 17 years, a Medicare Card. Must show the individual's name. 	<p>SPECIAL PROVISIONS</p> <ul style="list-style-type: none"> • 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 • Aboriginal + Torres Strait Islander Residents: Statement from an authorised referee, recorded and witnessed on Form OA733 (Identification and verification of Aboriginal and Torres Strait Islander People)

STAFF USE ONLY			
APPLICANT 1		APPLICANT 2	
Existing Customer Only		Existing Customer Only	
CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER	CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW CUSTOMER ONLY		NEW CUSTOMER ONLY	
DOCUMENT 1		DOCUMENT 1	
TYPE OF DOCUMENT		TYPE OF DOCUMENT	
<input type="text"/>		<input type="text"/>	
DOCUMENT NUMBER		DOCUMENT NUMBER	
<input type="text"/>		<input type="text"/>	
PLACE OF ISSUE		PLACE OF ISSUE	
<input type="text"/>		<input type="text"/>	
DATE OF ISSUE	EXPIRY DATE	DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOCUMENT 2		DOCUMENT 2	
TYPE OF DOCUMENT		TYPE OF DOCUMENT	
<input type="text"/>		<input type="text"/>	
DOCUMENT NUMBER		DOCUMENT NUMBER	
<input type="text"/>		<input type="text"/>	
PLACE OF ISSUE		PLACE OF ISSUE	
<input type="text"/>		<input type="text"/>	
DATE OF ISSUE	EXPIRY DATE	DATE OF ISSUE	EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E 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 or by telephoning 1300 660 115.

F DECLARATION AND EXECUTION

If you are a new customer, you must sign below in the presence of a Bank representative or if you cannot do this, please complete the Identity Verification form.

As an applicant and/or authorised signatory,

- 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 Account 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 and issue a VISA Debit card (if applicable).
- I/we acknowledge that any VISA Debit card issued is not a credit card facility and must not be used to overdraw the account. I/we acknowledge that it may be cancelled at any time.
- 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 and agree that:
 - this document may be signed in any number of counterparts which together will constitute the one document; and
 - if this document is signed electronically, I/we consent to the document being signed in that manner and warrant and agree that the electronic signature has been used to identify the person signing and to indicate that the party intends to be bound by this document.

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.

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

APPLICANT 1

SIGNATURE

DATE

FULL NAME

APPLICANT 2

SIGNATURE

DATE

FULL NAME

G CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly and, where applicable, confirmed the customer is eligible to open an Everyday Retirement Account or Bendigo Bank Concession Account;
2. Verified any existing customer's signature;
3. Verified any new applicant's name, date of birth and residential address against the documents detailed in section D, copies of which have been taken and supplied;
4. Witnessed any new applicant's signature; and
5. For Term Deposits, ensured that the Term Deposit Consent Form is completed correctly.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

ADDITIONAL AUTHORISED SIGNATORIES FORM ATTACHED?

YES NO

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER

Term Deposit Consent Form



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 with us:

1. If you require immediate access to your funds in the future, please consider whether or not a Term Deposit 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 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

I/we acknowledge and agree that:

- (a) this document may be signed in any number of counterparts which together will constitute the one document; and
- (b) if this document is signed electronically, I/we consent to the document being signed in that manner and warrant and agree that the electronic signature has been used to identify the person signing and to indicate that the party intends to be bound by this document.

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.