Application for membershipSMSF Saver Account Company as trustees

How to lodge your application:

Certified copy of the company's certificate of registration

ACN



bankvic.com.au	info@bankvic.com.au	Mobile banker appointment	Visit a branch	13 63 73	
		ou read BankVic's Privacy Policy availab r personal information, and how we use			
To apply as a Company, at least one of your Directors must become a BankVic member. However, in compliance with Anti-Money Laundering and Counter-Terrorism Financing legislation we are also required to collect and verify information about the signatories to the account, your settlor, the atrust's beneficiaries and any beneficial owners of your company.					
Company Trustees. Please supply a certified copy of your driver's licence, certified copy of your trust deed or its schedule. The copy should show the trust name and its type, your settlor's full name, the names of your beneficiaries (or class), the country the trust was established in and the names of the trustees.					

Company search. If you do not supply this, BankVic can conduct on your behalf. There may be a fee for this service. On your statement and in online banking, your SMSF account/s will be identifiable by S40. Please indicate if you require more than one account to be opened. Number of SMSF accounts required: S40 S40.1 Trustee. If proprietary, Member number please list full names of directors Full name of company as registerd by ASIC (the organisation) Full address of registered office If any beneficial Postcode owners, please state full name, Full address of residential address principal place of and date of birth business Postcode Proprietary or Public

Please provide the following details about your Trust. Trust name Appointer's full name (If applicable) Names of Beneficiaries or their class Settlor's full name (If applicable) Business name (If applicable) Beneficial owners

Tax file number or exemption details.					
Quoting Tax File Number is not compulsory but withholding tax may Contact the ATO for further information. After input this record will be					
Membership. At least one Director is required	d to become a B	BankVic member.			
Title Ms Miss Mrs Mr	Dr	Email			
Other		Home tel.			
Surname		Mobile			
Given name/s		Member No.			
Gender (optional)		Occupation			
Date of birth		Employer's name			
Residential Address		zinpioyal s italia			
Suburb					
State Postcode					
Mailing Address					
(If different than above address)					
Suburb					
State Postcode					
Interim password 6-30 characters (alphanumeric) Must include a minimum of 2 digits This pa	ds for online an yord when you contact ord 2-6 characters assword can be changed aring 13 63 73	t us by telephone			
Politically exposed person. A Politically Exposed Person is an individual or immediate family men associate of the individual who holds, or has held a prominent public domestically or internationally in a government body or an international public domestically or international properties.	position either	Are you, or are you a relative or a close associate of, a Politically Exposed Politically Yes No	erson?		
Non-resident of Australia.					
Are you a permanent resident of Australia? If no, please advise current Visa status.	es No	Are you a resident of any other country for tax purposes? Yes (excluding Australia and USA)	No		
		If yes, please provide the name of each country, a Taxpayer Identification N (TIN) for each country or a reason why you're not providing a TIN, and an e			
Are you a citizen of any other country other than Australia?	es No	if reason B is selected for a country.			
If yes, please list countries of citizenship		Country 1 TIN			
		Country 1 TIN			
	es No	If no TIN is provided, select a reason from the following list:			
If yes, please provide your Taxpayer Identification Number (TIN)		A - This country does not issue TINs. B - I don't have a TIN for this country (Please attach an explanation to this: C - It is not mandatory for me to disclose my TIN for this country.	form).		
		Reason if no TIN (Country 1) Reason if no TIN (Country 2)			

Authorised to Operate.

Each signatory to this account, if not a BankViv member will be requirew ro have their identity verified.

Under the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 we are authorised to collect your name and other information that helps us to know you as our customer. Although you are not obliged to provide this information, we can not provide you with the authority to act on this account without it. We collect, use and disclose this information to enable us to provide you with the products and services you

have requested, newsletters and information about other products and services that may benefit you. For further information about how we use, disclose and secure your personal information, please refer to our Privacy Policy which is available at bankvic. com.au/privacy and on request.

Position		Position	
Member No.		Member No.	
Full name		Full name	
Member No.		Member No.	
Specimen Signatu	ıre 1.	Specimen Signatur	re 2.
Signature		Signature	
Date		Date	
Position		Position	
Member No.		Member No.	
Full name		Full name	
Member No.		Member No.	
Specimen Signatu	ıre 3.	Specimen Signatur	e 4.
Signature		Signature	
Date		Date	
•	agrees that the signatories above are authorised to operate this a nority or authorising other person/s to operate the account.	account for any single transactio	n. This authority does not extend to the signatories amending or
Number of signatu	ures required to operate this account for any single transaction:	1 to sign 2 or more t	o sign

Declaration.

- 1. I/We understand that I/We are responsible at all times for the use and security of all of my Access Passwords being Access Codes, Keywords, Passwords and Personal Identification Numbers (PINs) used in accessing My/Our account/s and that I/We are liable for losses that I may suffer arising from any failure by me to properly secure and protect these and in choosing any of these I/We must not use a numeric or alphabetical code representing My/Our birth date or a recognisable part of My/Our name/s.
- I/We apply to be admitted to the Police Financial Services Limited ABN 33 087 651 661 ("BankVic")
 as a shareholder member and understand this requires me to pay \$10 to be allotted to me ten shares
 (\$1.00 each).
- 3. I/We agree to be bound by the Constitution of BankVic and pay all charges imposed or levied by BankVic in accordance with the Corporations Act and charges set from time to time in relation to the operation of My/Our account/s and provision of services.
- 4. I/We have reviewed and read the relevant Terms and Conditions option/s that I/We have applied for, and agree to be bound by them.
- I/We have received, or agree to receive by accessing BankVic's website at bankvic.com.au, BankVic's Financial Services Guide.
- 6. I/We have been truthful in all information provided in this application.
- 7. For non-residents only: As a non-permanent resident of Australia, I/We consent to BankVic conducting a Visa Entitlement Verification Online enquiry and authorise the Department of Immigration and Citizenship to release the details of my residency status for the purposes only of assessing My/Our eligibility to open an account and/or obtain finance.
- 8. BankVic eStatements: We will provide you with an electronic statement available via online banking at least every three months. You will receive an email notification of when your statements are available on online banking. If you do not wish to receive electronic statements you will need to contact us on 13 63 73. Please ensure you provide a valid email address and inform us if it changes. You can update your email address via online banking by going into the My Preferences tab and clicking My Profile.
- Prior to opening an account or applying for an access service, we recommend you read our Financial Services Guide and the relevant Terms and Conditions for product information and terms and conditions of use.
- 10. I/We certify that information provided in this form regarding my tax residency status is true and correct. I/We acknowledge that my tax information may be provided directly or indirectly, to any relevant tax authority, including the Australian Tax Office and (if applicable) exchanged with tax authorities of another country or countries in which I/ We may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. I/We undertake to advise BankVic within thirty days of any change in circumstances which affects my tax residency status or where any information contained herein is no longer correct. The organisation's documentation as required from time to time, is provided herewith or has already been provided to Police Financial Services Limited ABN 33 087 651 661 AFSL 240293 (BankVic). With reference to the Operations of Accounts as detailed in BankVic's Terms and Conditions (Conditions), this authority commences immediately and revokes any previous authorities on this account except as regards any cheques or other instruments dated prior to the date of this authority and presented for payment after receipt by BankVic of this notice and as regards any act done by BankVic or such persons in pursuant to the authority referred to in any such previous notice. This authority shall continue until BankVic receives written notice at the registered office of BankVic, from the account holder revoking this authority. This authority shall be binding on the account holder's administrators, legal personal representatives and all persons claiming from or under the account holder as to all documents, acts, matters and things done or executed in terms of this authority before receipt by BankVic of notice of its revocation.

The organisation:

- agrees to pay all charges required by BankVic
- agrees to be bound by the Constitution of BankVic as registered at any time, under the Corporations Act and the Conditions of BankVic
- declares that all information provided in this authority is true and correct, and
- acknowledges having received the Conditions of BankVic applicable to account operation, read, understood and agree to be bound by the said Conditions and by the authorities, consents and declarations contained in this authority.

Anti-money Laundering and Counter-terrorism Financing Act

To meet international standards and to help protect business from being misused for money laundering and terrorism financing Australia has legislation in the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act). As a customer or potential customer of BankVic, in seeking certain services you may be asked to verify your identity. As a member or client of BankVic you will also be asked at various times to verify the continuing accuracy of personal information you have previously supplied. By doing this you are helping to protect Australian businesses from being misused for the purposes of criminal activity.

I/We acknowledge that I believe the above details to be true and correct and that it is an offence under the AML/CTF Act to give false and misleading information. I/We make this solemn declaration conscientiously believing the same to be true. I/We understand BankVic will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I/We consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act.

I/We understand that if I/We provide BankVic with incomplete or inaccurate information that BankVic may not be able to provide Me/Us with the products or services that I/We Am/Are seeking.

Privacy Act

I/We acknowledge that the persons named as signatories to the account, whose personal information appears above, have received a copy of the Privacy Notice informing that person of who BankVic is, how to contact you, that they can gain access to the information and that BankVic will use and disclose the information only in connection with this account. I/We authorise BankVic to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility to the organisation for which the organisation has applied. I/We understand that in order for BankVic to supply the facility to the organisation for which the organisation has applied, it maybe necessary for BankVic to provide personal information contained in this application form to third parties used by BankVic and it's service providers. I/We have read, understood and agree to BankVic's Privacy Policy available at bankvic.com.au/privacy.

From time to time, BankVic may contact you with information about our products, services and promotions through mail, telephone, email or SMS. However, you may request that we do not provide you with direct marketing information.

Tick here to	opt out			
Signature of Dire	ctor			
Signature of Secr	etary/Dire	ector		
Date			,	

Office Use Only. I certify that the identification procedures have been complied with and I have completed all.

	Initial	Date Processed
AML Identity Verified (Trustee)		
AML Identity Verified (Trust)		
AML Identity Verified (Beneficial owners)		
AML Identity Verified (Settlor)		
Certified copy of Certificate of Reg		
Company search: Certified copy / BV sourced		

- 1					
			Initial	Date P	rocessed
	TFN loaded/exemp				
	TFN detached and				
	T&C issued				
	Name			Op no.	
	Complete officer's			Date	

	Initial	Date Processed
Deposit book		
RRS		
Telebanking		
Online banking		
chq book		
eStatement loaded		
Link no.		

Signature