

Adelaide Cash Management Account Application Form



**This application form is from the Adelaide Cash Management Account and for related transaction services.
You should read the Adelaide Cash Management Account Product Guide prior to completing this application form**

Account name:

A. INDIVIDUAL / JOINT / SOLE TRADER

APPLICANT 1

APPLICANT 2

Individuals not residing in Australia are required to provide additional Know Your Customer information.
Please phone 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

Title (Mr/Mrs/Miss/Ms/Dr/Other):

First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number: Home phone number:
() ()

Mobile phone number: Date of birth: / /

Email address:

Business name (sole trader):

ABN:

Principal place of business address:

Postcode:

Title (Mr/Mrs/Miss/Ms/Dr/Other):

First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Please note that security code(s) and Cashcard(s) will be mailed to the residential address of the person to whom they are issued.

Work phone number: Home phone number:
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Mobile phone number: Date of birth: / /

Email address:

Business name (sole trader):

ABN:

Principal place of business address:

Postcode:

B. AUSTRALIAN COMPANY

Foreign companies may be required to provide additional Know Your Customer information.
Please phone 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

Full name of company (as registered with ASIC): ACN:

Registered office address (PO Box is not acceptable):

Postcode:

Principal place of business address (PO Box is not acceptable):

Postcode:

Company type: Proprietary Public (If Public, proceed to section H)

Is the company regulated (licensed by Australian Commonwealth, State or Territory statutory regulator):

No Yes - Please specify Regulator name: Licence details:

Details of Director(s)

The full name of all Directors must be provided for proprietary companies (attached additional page(s) if necessary).

Title: First name(s):

Last name:

Title: First name(s):

Last name:

Note: If you would like to operate this account, please complete section A as well as section B.

Details of shareholder(s)

To be completed for each individual who owns 25% of the issued capital of a proprietary or private company (except companies licensed and subject to Australian regulatory oversight).

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

C. TRUST / SUPERANNUATION FUND

Full name of Trust/Superannuation Fund:

Full business name of the Trustee in respect of the Trust (if any):

Country in which Trust was established:

Type of Trust (e.g. Managed Investment Scheme, Regulated Trust, Self Managed or Government Superannuation fund, other - please specify):

Details of Beneficiary

Trusts licensed and subject to Australian regulatory oversight do not need to complete this section (e.g. Managed Investment Scheme, Superannuation Funds). If there are more than two Beneficiaries attach additional page(s).

Title: First name(s):

Last name:

Title: First name(s):

Last name:

If the terms of the Trust identifies the beneficiaries by reference to membership of a class, provide details of the class(es):

Details of Trustee(s)

One Trustee must complete the section above (individual or company) in all cases. In addition, all other Trustees must complete the relevant section above (individual or company) unless the Trust is licensed and subject to Australian regulatory oversight.

Note: If you would like to operate this account, please complete section A and/or section B (where relevant) as well as section C.

D. ASSOCIATION / CO-OPERATIVE

Incorporated Association

Unincorporated Association

Co-operative

Full name of Association/Co-operative:

Any identifying number (issued upon incorporation/registration):

Registered office or Principal Place of Operations (PO Box is not acceptable):

Postcode:

Officer details

Name of public officer (or President/Secretary/Treasurer if no public officer):

Title: First name(s):

Last name:

Position title (Public officer/Secretary/Treasurer/President)

Address of public officer or principal place of operations (PO Box is not acceptable):

Postcode:

Chairman

Title: First name(s):

Last name:

Secretary

Title: First name(s):

Last name:

Treasurer

Title: First name(s):

Last name:

The Chairman, Secretary or Treasurer must complete the individual customer identification requirements, refer to section A.

E. PARTNERSHIP

Full name of Partnership:

Registered business name of the Partnership (if any):

Country in which Partnership was established:

Details of Partner(s)

Each Partner must complete the individual customer identification requirements, refer to section A. Where the Partnership is a member of a professional association only one partner is required to complete the individual customer identification requirements. If there are more than two partners attach additional page(s).

F. GOVERNMENT BODIES

Full name of Government Body:

Address of Principal Place of Operations (PO Box is not acceptable):

Postcode:

Is this Government Body established under legislation of the:

Commonwealth of Australia

Australian State or Territory (specify in space provided)

Foreign Country Government (specify in space provided)

G. MAILING ADDRESS

Unit: Street number: Street name or PO Box:

Suburb:

State:

Postcode:

H. INVESTMENT DETAILS

\$ (minimum \$1,000.00) Note: Cash is not accepted.

I. TRANSACTION SERVICES

If you would like a cheque book what size cheque book would you like? 35 Cheques 75 Cheques

Please complete the following details if you require a Cashcard(s):

Applicant 1

Name to appear on Cashcard

Mother's maiden name (for security/identification purposes)

Applicant 2

Name to appear on Cashcard

Mother's maiden name (for security/identification purposes)

(If there are more than two applicants please attach details separately)

If you would like to apply for a Regular Payment please complete the Regular Payments Application Form.

J. ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your account Any one of us to sign All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others. If you select 'all of us to sign', you will not be able to operate your account using Express Line telephone banking, online banking or using a Cashcard. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

K. TAX FILE NUMBER COLLECTION AND EXEMPTION

It is not an offence if you decide not to supply us with your tax file number (TFN). However, if you do not supply us with your TFN we will be required to deduct withholding tax from income paid to you, calculated at the highest marginal tax rate plus the Medicare Levy, and forward it to the Australian Taxation Office.

If you choose to supply us with your TFN(s), please tick (✓) applicable box and complete the TFN details:

I <input type="checkbox"/>	Individual	Name of applicant 1 (or entity):	Name of applicant 2:
J <input type="checkbox"/>	Joint	<input type="text"/>	<input type="text"/>
P <input type="checkbox"/>	Partnership	Tax file number:	Tax file number:
C <input type="checkbox"/>	Company	<input type="text"/>	<input type="text"/>
A <input type="checkbox"/>	Association/ Co-operative		
T <input type="checkbox"/>	Trust		
S <input type="checkbox"/>	Superfund		
G <input type="checkbox"/>	Government Body		

If you wish to claim an exemption from quoting a tax file number(s), please indicate the type of exemption you wish to claim.

Age, service, invalid or veteran's pension Other pension (e.g. wife, carer, widow) Entity not required to lodge a tax return

If you are a non-resident or territory resident, we will deduct non-resident withholding tax from income paid to you providing that you have supplied us with your overseas or territory address. If we do not receive your overseas or territory address, we will be required to deduct tax from income paid to you, calculated at the highest marginal rate plus the Medicare Levy.

Please tick (✓) applicable box

Non-resident of Australia Territory resident

Address:

Postcode:

L. YOUR PERSONAL INFORMATION

Bendigo and Adelaide Bank Limited collects your personal information to assess your application and to provide you with the product or service that you have requested. We may also use your personal information to carry out marketing activities, research and product development. 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, to IT providers, to account holders and operators and to your adviser or broker. Your information may also be disclosed to related companies within the Bendigo and Adelaide Bank Group, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. In most cases you can gain access to your personal information. Should you wish to do so, or if you have any queries about your personal information, please contact us.

If you do not wish to receive offers unrelated to your Bendigo and Adelaide Bank Limited product and services, please tick here

M. DECLARATION AND SIGNATURES

I/We the undersigned:

1. Confirm that I/we have received, read and understood the Cash Management Account Product Guide and agree to be bound by it.
2. Apply to open the account described on this application form.
3. I/We authorise Bendigo and Adelaide Bank Limited to provide an adviser, whose details appear on this form (or any new adviser that I/we appoint), with limited access to my account enabling that adviser to access personal or financial information that relates to my/our application or account including copies of documents issued in relation to the account. If the adviser is a company or partnership, I/we authorise Bendigo and Adelaide Bank Limited to provide such information to any officer, employee or partner of the company or partnership.
4. Declare that the details on this application form are true, correct and complete.

APPLICANT 1

Full name:

Corporate title (if applicable):

Signature:

Date:

APPLICANT 2

Full name:

Corporate title (if applicable):

Signature:

Date:

N. ADVISER USE ONLY

Adviser name:

Firm name:

Dealer group:

State:

Broker code:

Client reference no:

Adviser Stamp

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature:

[OFFICE USE ONLY]

Valid tax file number: Yes No KYC completed for all applicants and signatories: Yes

Customer number:

Scan number:

Authorised Operator Form



Account name: Account number:

A. APPOINTMENT OF YOUR FINANCIAL ADVISER

Full access

If you open your account through your financial adviser, they are automatically authorised as a Limited Access Authorised Operator on your account. You can use this form to increase the level of their authority by appointing them as a Full Access Authorised Operator.

Would you like to appoint your financial adviser whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Full Access Authorised Operator status on your account?

- Yes, I/We do wish to appoint my/our financial adviser whose stamp appears on this form to operate this account through their partners, officers, employees, agents and service providers.
- No, I/We DO NOT wish to appoint my/our financial adviser to operate this account.

Modify access

- Please change my financial adviser/dealer group whose stamp appears on this form to be a Limited Access Authorised Operator.

Delete access

- Please cancel the authority of my financial adviser/dealer group

Please note: Cancelling financial adviser authority means they will no longer be noted on your account.

B. APPOINTMENT OF OTHER AUTHORISED OPERATORS

Individuals not residing in Australia and foreign companies may be required to provide additional Know Your Customer information.

Please call 1800 224 124 or +618 8300 6111 (if from overseas) for assistance.

If you would like to appoint an alternative person as an authorised operator on your account, please complete all of the following details:

AUTHORISED OPERATOR 1

Please tick applicable box (✓) Add Modify Delete

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Contact number: Date of birth:

/ /

Please tick (✓) required operator access level

- Full Authorised Operator Limited Authorised Operator

Signature of Authorised Operator 1:

AUTHORISED OPERATOR 2

Please tick applicable box (✓) Add Modify Delete

Title: First name(s):

Last name:

Residential address (PO Box is not acceptable):

Postcode:

Contact number: Date of birth:

/ /

Please tick (✓) required operator access level

- Full Authorised Operator Limited Authorised Operator

Signature of Authorised Operator 2:

APPOINTMENT OF CORPORATE ENTITY AS A LIMITED ACCESS AUTHORISED OPERATOR

If you would like to appoint a corporate entity as a Limited Access Authorised Operator to this account please complete this section:

Corporate Entity name: ACN:

Address:

Postcode:

Contact number: (Limited access option only - Code 11)

- Duplicate statement required

ESTATE OF THE LATE ACCOUNTS ONLY - FULL ACCESS OPERATOR APPOINTMENT

- Yes, I/we authorise my/our financial adviser/broker whose stamp appears on this form to act as my/our agent and to be appointed as a Full Access Authorised Operator on this account. **I/We also acknowledge that by appointing an agent that I/we will no longer have access to this account.**

Please note, all executors must sign this form and will be removed from the account. All future requests must be facilitated via the appointed agent.

C. ACCOUNT OPERATING AUTHORITY

Please indicate how you wish to operate your account: Any one of us to sign
 All of us to sign

If you select 'any one of us to sign', each of you (including any person you appoint as an authorised operator) will be able to transact on or otherwise operate your account independently of the others.

If you select 'all of us to sign', you will not be able to operate your account without the written authority of all account holders. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that 'any one of us to sign' option will apply.

D. ADDITIONAL CHEQUE BOOK/CARD FACILITY

If you require a cheque and/or Cashcard facility please complete the following details.

Cheque facility 35 cheques 75 cheques

Cashcard facility

Authorised Operator 1

Name to appear on Cashcard:

Mother's maiden name (for security/identification purposes):

Authorised Operator 2

Name to appear on Cashcard:

Mother's maiden name (for security/identification purposes):

(If there are more than two applicants please attach details separately)

E. DECLARATION AND ACKNOWLEDGEMENT

You should read and understand the Adelaide Cash Management Account Product Guide. In particular, your attention is drawn to the section titled "Giving someone access to your account".

I/We the undersigned:

1. Authorise each authorised operator in this form to operate my/our account subject to the level of access specified for each operator in section A and B and the instructions I/we have provided in section C of this form;
2. Understand that a Full Access Authorised Operator can at any time request additional transaction services such as (but not limited to) a card and cheque book;
3. Understand that any such appointment of a Full Access Authorised Operator or Limited Access Authorised Operator continues until I/we cancel the appointment by giving notice in writing to Bendigo and Adelaide Bank Limited; and
4. Acknowledge that where I/we have asked Bendigo and Adelaide Bank Limited to delete or modify an Authorised Operator's access that this instruction supersedes any prior instruction.

CUSTOMER 1

Name:

Corporate title (if applicable):

Signature:

Date:

CUSTOMER 2

Name:

Corporate title (if applicable):

Signature:

Date:

F. ADVISER USE ONLY

Adviser name:

Firm name:

Dealer group: State:

Broker code: Client reference no:

Adviser Stamp

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature:

[OFFICE USE ONLY]

Investment number: Signature verified: Yes No Scan number: