# Section B: Starting your ANZ Signature Priority Banking relationship

Main Account Holder

Account Holder 2





MAIN ACCOUNT Account Type	HOLDLN	ACCOUNT HOLDER 2 Relationship to Main Account Holder	
Individual Joint	Account Holders	·	
US Person Declaration 🔲 \	∕es¹ No²	US Person Declaration Yes <sup>1</sup> No <sup>2</sup>	
A. Personal Information		A. Personal Information	
<del>_</del>	ng Client vinformation provided in this application shall be taken as	New Client Existing Client (Any new information provided in the	is application shall be taken as
a reques	t to update your existing particulars in the Bank's records)	a request to update your existing pa	
Salutation and Full Name (As	s in NRIC/Passport)	Salutation and Full Name (As in NRIC/Passport)	
NRIC/Passport Number	Singapore PR	NRIC/Passport Number	Singapore PR
	Yes No		Yes No
Permanent Residential Add	TESS (Must not be a PO Box address)	Permanent Residential Address (Must not be a PO B	ox address)
Country	Postal Code	Country Pos	tal Code
Mailing Address (If different from	n residential address)	Mailing Address (If different from residential address)	
Country	Postal Code	Country	tal Code
Marital Status Single	Married Others	Marital Status Single Married	Others
Mother's Maiden Name		Mother's Maiden Name	
Highest Education Received	b	Highest Education Received	
Primary Secondar	y A Level/Pre-University	Primary Secondary A Level/Pre-	University
Diploma Degree	Others, please specify	Diploma Degree Others, plea	se specify
Contact Details (Please provide r	mobile number & 1 alternative number)	Contact Details (Please provide mobile number & 1 alternation	ative number)
Home	Mobile	Home Mobile	
Office	Fax	Office Fax	
Email		Email	
Self-employed Yes	No	Self-Employed Yes No	
Name of Employer/Name o	f Business (For self-employed)	Name of Employer/Name of Business (For self-en	nployed)
Occupation	Annual Income	Occupation	Annual Income
Nature of Business/Industry		Nature of Business/Industry	
	Retail/F&B Travel/Hospitality	Banking/Finance Retail/F&B	Travel/Hospitality
	Manufacturing Building/Construction	Government Manufacturing Others places speci	Building/Construction
Source of Wealth	Others, please specify	☐ IT/Communications ☐ Others, please speci	ТУ
Business Income	Investment Returns		nent Returns
Inheritance/Gift	Salary	Inheritance/Gift Salary	
Savings derived from	Others, please specify	Savings derived from Others,	please specify
Planned transaction amour	At (Par month)	Planned transaction amount (Per month)	
SGD10,000 & below	SGD10,001 to 50,000		,001 to 50,000
SGD50,001 to 100,000	SGD100,001 to 200,000	SGD50,001 to 100,000 SGD10	0,001 to 200,000
Above SGD200,000		Above SGD200,000	

	ATM/Phone Banking Access Indicator <sup>3</sup> Primary Account Primary Account Primary Account Primary Account Primary Account Primary Account	ANZ SGD St ANZ Austral ANZ Progre (Select currency) ANZ Foreign		ATM/Phone Banking Access Indicator <sup>3</sup> Primary Account Primary Account Primary Account Primary Account Primary Account Primary Account
Poit Card <sup>3</sup> (The Current and/or Savings Account selected comes equip  Name as it should appear on the ANZ Debit Card <sup>4</sup> (  Main Account Holder  Account Holder 2  I/We do not wish to have the Debit Card			Point of sale <sup>5</sup> daily limit (Please SGD0 SGD1,000 SGD1,000 SGD1,000 SGD0 SGD1,000 SGD1,000 SGD0 SGD0,000 SGD0,	SGD2,000 SGD5,00
I would need a Cheque Book I would need a Research Reports (You may select more than 1 option)	ed a Phone Banking³ Weekly FX Strategy	☐ Markets N	Monthly Market Flas	sh
Research Reports (You may select more than 1 option)  Daily Digest Weekly Wrap  Consent to Marketing Information and Person I would like to receive marketing information and its au Group Limited, Singapore Branch ("ANZ") and its au Main Account Holder	weekly FX Strategy  onal Data Usage  materials on products, so uthorised merchants and some call  SMS	ervices or events, d agents, via (you 5/MMS, fax, email	provided by Australia and Nev may <b>√</b> one or both options): and postal mail	
Research Reports (You may select more than 1 option)  Daily Digest Weekly Wrap  Consent to Marketing Information and Person I would like to receive marketing information and its au Group Limited, Singapore Branch ("ANZ") and its au Main Account Holder	weekly FX Strategy  Donal Data Usage  materials on products, so athorised merchants and SMS one call SMS	ervices or events, d agents, via (you 5/MMS, fax, email 5/MMS, fax, email	provided by Australia and Nev may <b>√</b> one or both options): and postal mail and postal mail	

If the embossed name for the card is not indicated in this form, the Bank shall use the account holder's full name, subject to character limitation on card. Point of sale refers to purchase of goods and services at retail merchants using the ANZ Visa Debit Card.

In the absence of any point of sale daily limit specified, a default limit of SGD5,000 will be applicable.

**Deposit Insurance Scheme:** Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to \$\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

#### **Account Mandate**

To: Australia and New Zealand Banking Group Limited, Singapore

- I/We hereby request and authorise Australia and New Zealand Banking Group Limited, Singapore Branch (the "Bank"), to open an ANZ Bank Account which includes one or more account(s) of any kind as I/we may request the Bank in accordance with this Mandate and subsequently to open such further account(s) of any type in my/our joint names of whatever nature as I/we request (the "Account(s)") in accordance with and subject to the Bank's Terms and Conditions for ANZ Bank Account (the "Terms"), as amended from time to time by the Bank.
- 2. The Bank is hereby authorised and instructed generally, to act on instructions given by me/us in accordance with the Terms. The Bank may, in its discretion and on such terms as the Bank may impose, allow instructions to be given by phone, fax and other form of communication and I/we shall bear the risks arising therefrom, and indemnify the Bank, as set out in the Terms.
- In the absence of contrary written instructions which the Bank may agree to, the conditions set out in the Terms (including, but not limited to, those set out in the Mandate) shall apply to each and every Account, of whatever nature, now or hereafter opened by the Bank or by me/us in our joint names.
- I/We have been supplied with a copy of the Terms, the Statement of Disclosure for Joint Accounts, Risk Disclosure Statement for Investments and Schedule of Charges and agree to abide thereby.
- Where I/we have requested for Phone Banking Services and ATM Services, I/we confirm that I/we have read the Bank's Terms and Conditions for 24-hour Banking and agree to abide thereby.
- I/We agree not to access Digital Banking unless I/we have read the Bank's Terms and Conditions for Personal Internet Banking - Digital Banking and further agree to abide thereby.
- Banking and further agree to abide thereby.

  7. In the event of any discrepancy between this Mandate and the terms and conditions indicated in points 4, 5 and 6, the express terms of this Mandate shall prevail.
- 8. I/We confirm that I/we have been given the opportunity to consult with my/our professional advisors before agreeing to the terms and conditions indicated in points 4, 5 and 6 and this Mandate.
- 9. I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may collect, use, disclose and/or process my/our personal data and any information relating to me/us (including but not limited to my/our Accounts, financial condition and/or transactions) in accordance with the Terms and for the purposes stipulated therein. Where personal data is to be transferred out of Singapore, I/we acknowledge and agree that the Bank will comply with the Personal Data Protection Act in doing so and take appropriate steps to ensure that the recipient of the personal data is bound by legally enforceable obligations to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential.
- 10. If I/we we're referred to the Bank by any person, I/we acknowledge that the referrer may receive rewards from the Bank in respect of such referral and that the referrer may be able to infer my/our approximate account balance based on the amount of rewards awarded to the referrer, and I/we hereby consent to the Bank informing the referrer of my/our account opening and of the amount of rewards awarded to the referrer.

- 11. I/We hereby warrant that all the information and documents provided by me/us in relation to this application are true, complete and accurate in all respects.
- 12. If I/we qualify for participation in the ANZ Signature Priority Banking New Client Welcome Rewards Promotion and/or ANZ Signature Priority Banking Referral Rewards Programme, I/we agree to accept and be bound by the Terms & Conditions for ANZ Signature Priority Banking New Client Welcome Rewards Promotion and/or Terms & Conditions for ANZ Signature Priority Banking Referral Rewards Programme, both as amended and in effect from time to time ("Rewards Terms & Conditions"). A copy of the Rewards Terms & Conditions is available on the Bank's website (www.anz.com.sg) and a printed copy of the same is available upon request at any of the Bank's branches.
- 13. I/We acknowledge that it is my/our responsibility to comply with the tax obligations in the countries where I/we may have or otherwise incur such obligations (whether due to my/our nationality, tax domicile, incorporation, source of income, physical presence or otherwise) ("Jurisdictions").
- 14. I/We declare that I/we have not committed or been convicted of any tax evasion or money laundering related offences in any court of law or administrative proceedings in the Jurisdictions stated above and my/ our source of funding is not the proceeds of any serious tax crime.
- 15. In the event that my/our particulars provided in this application differ from my/our existing particulars in the Bank's records, I/we request that such existing particulars be updated and superseded accordingly.

**Deposit Insurance Scheme:** Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to SGD50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

Custody Agreement: The Bank has arrangements with various custodians to hold the assets (excluding cash) which you have delivered or transferred through the Bank for custody. A summary of the key terms of the agreements entered into with each custodian, and/or the manner in which the custody accounts are maintained and established has been made available for your easy reference. This summary can be found on the Bank's website at www.anz.com.sg (http://www.anz.com/singapore/en/signature-priority-banking/products-services/terms-conditions-products). A copy of the Summary of Custody Agreements will be made available upon request at any of the Bank's branches.

**Notification on Outsourcing of our Banking Services:** Australia and New Zealand Banking Group Limited, Singapore branch ("ANZ") may from time to time engage the services of our head office, its branches, subsidiaries or affiliates and third parties (collectively "service providers") for certain outsourced activities. Whether our service providers are located in Singapore or elsewhere, they are strictly required to maintain information security and customer confidentiality to the same standard as ANZ is responsible for.

The laws in Singapore and other countries may require ANZ and our service providers to disclose information relating to ANZ's customers to relevant authorities from time to time. The circumstances under which such disclosure may be required are limited and include compulsion under law, court order, police investigations or criminal prosecutions.

#### **ANZ Signature Priority Banking Signing Conditions for Joint Accounts** I/We understand that to qualify as a Signature Priority Banking (Any change to the signing condition subsequently must be notified in writing to the Bank by all Account Holders) client of ANZ Singapore (the "Bank"), a minimum requirement of SGD150,000 (or currency equivalent) in deposits, investments and/ Any one of us or insurance is required. I/We hereby agree that in the event my/ All of us our total balances with the Bank fall below SGD150,000 (or currency Others, please specify equivalent), a monthly service charge and other applicable charges as per the Bank's Schedule of charges may be levied on me/us. **Client Acknowledgement** Signature of Account Holder 2 Signature of Main Account Holder Date D D M M Y Y Y Y Y Date DID MIM YIYIYI Please tick if you are a staff of ANZ Please tick if you are a staff of ANZ

#### D. ANZ Signature Priority Banking Visa Infinite Credit Card Application **Annual Fee** Principal SGD600 p.a. (Waived as long as you remain an ANZ Signature Priority Banking client) Supplementary: Waived (For first 2 cards) SGD300 p.a. (Third card onwards) Annual fees of \$\$600 p.a. and \$\$300 p.a. apply for ANZ Signature Priority Banking Visa Infinite Credit Card and such annual fees will be waived for as long as you remain an ANZ Signature Priority Banking client. Effective interest rate is 25% p.a. and interest is subject to compounding if the monthly interest charges are not repaid in full. This is an extract. For details and full terms and conditions, visit anz.com.sq I would like my ANZ Signature Priority Banking Visa Infinite Credit Card to be a secured card (Please complete Credit Card Memorandum of Charge) **Documents required (Mandatory)** 2. Please submit the following income documents that are applicable 1. Please submit the following identification documents that are applicable to you and tick the relevant boxes below: to you and tick the relevant boxes below: Salaried employee Singapore Citizens and Permanent Residents Latest computerised/electronic payslip OR Photocopy of your Identification Card (Front and back) Latest Income Tax Notice of Assessment OR Non-Singaporeans CPF Statement for the last 6 months OR Photocopy of your valid Employment Pass (Valid for at least 9 months) Self-employed Income Tax Notice of Assessment for the last 2 years Passport AND Commission-based earner Proof of residence CPF Statement for the last 6 months OR Income Tax Notice of Assessment for the last 2 years OR Commission Statement for the company for the last 6 month Note: A photocopy of Supplementary Cardmember's Identification Card (front and back)/Passport/Employment Pass (valid for at least 9 months) is required. The Bank reserves the right to request for additional information and supporting documents (e.g. utility bill) from time to time as required. Incomplete or unclear application will delay processing. • Home Phone Number • Email Address Nationality Education Level • Mobile Phone Number Residential Address Marital Status Employment Industry • Office Phone Number Overseas Address Number of Dependents Your credit card(s) and all future communications related to your credit card(s) will be sent to your mailing address/mobile number/email address as per the Bank's record. Please keep us informed if any of these particulars is changed by submitting the Information Update Form to your dedicated Relationship Manager. **Principal Card Applicant** ✓ I would like to apply as the Principal Card Applicant: Name to appear on credit card (Please include surname) Do you have an existing ANZ Credit Card? Yes No (Maximum 18 characters) Please select one only: I am the Main Account Holder I am the Account Holder 2 **Personal Information** Residential Status Self-owned Mortgaged Employer's Parents' Rented Others Residential Type HDB Condominium/Apartment Landed Others Length of stay at address Months Years (At permanent residential address) Billing Address Singapore Residential Office Mailing (As indicated in earlier section) **Employment Details** Job Status Years remaining Others Employee Sales/Commission-based Self-employed Contractual Address Length of employment Months Job Title Years Basic Salary (Monthly) SGD Monthly Commission/Variable Income (Monthly) SGD Bonus/Other Income and Sources (Annual) SGD Rental Dividends Others

vious Position	
gth of Previous Employment Years Mo	onths
Please tick here if you would like the Bank to assign a credit limit <sup>9</sup>	
pplementary Card Applicant use select one only) I am the Main Account Holder	Name to appear on credit card (Please include surname)
Z Credit Card Declaration and Authorisation	(Maximum 18 characters)
gning this form, I/we hereby agree and represent to the Bank that: I/We ask that an ANZ Credit Card account be opened for me/us and that an ANZ Credit Card be issued to me/us until I/we/the Bank terminate(s) the same.  I/We hereby declare that the information given in this application and all the documents submitted to the Bank are complete, true and accurate and belong to the Bank absolutely and that I/we have not wilfully withheld any material fact. I/We undertake to notify the Bank immediately of any change in such information.  I/We hereby authorise and give the Bank consent to conduct credit checks on me/us (including but not limited to checks with any credit bureau recognised as such by the Monetary Authority of Singapore) and to obtain and verify and/ or to disclose or release any information relating to me/us and/or any of my/our account(s) from or to any other party or source as the Bank may from time to time deem fit at the Bank's discretion for the purpose of this application and without any liability or notice to me/us.  I/We confirm that at the time of the application, I am not/neither of us is an undischarged bankrupt and no statutory demand or legal proceeding has been served on or commenced against me/us.  I/We agree to be bound by the terms of the Mandate, the Cardmember's Agreement, the Terms and Conditions for 24-hour Banking, the Terms and Conditions for ANZ Debit Card, the Terms and Conditions for Personal Internet Banking - Digital Banking, the Terms and Conditions Governing ANZ MoneyLine Accounts and such other terms and conditions as the Bank may prescribe from time to time, copies of which are available for my/our perusal at the Bank's website, upon request at any of the Bank's branches and/or which will be extended to me/ us upon the Bank's approval of my/our application herein together with my/our ATM Card and/or Customer Identification Number.  I/We agree that the Bank, its agents and service providers (in Singapore or otherwise) may collect, use, disclose and/or process my/our perso	to provide to the transferred personal data a standard of protection that is at least comparable to the protection under the Act, such that the personal data is kept secure and confidential.  7. If, for any reason whatsoever, the Card Account is closed (whether by me/us, the Bank or otherwise) within the period of nine (9) months from the date of opening of the Card Account, I/we agree that the Bank shall be entitled to claim from me/u full reimbursement of the cost of any welcome gift which the Bank may have giver to me/us upon approval of my/our application and/or activation of my/our Card Account. I/We hereby authorise the Bank to debit the Card Account for the cost of such gift (as determined by the Bank) prior to closure of the Card Account.  8. The preferred credit limit indicated is subject to the approval of the Bank at its reasonable discretion. The Bank will assign a credit limit based on its discretion and MAS guidelines when you select the option to allow the Bank to assign such credit limit for you.  9. I/We as Supplementary Credit Card holder(s) agree to the credit limit that is assign to me/us to be the same as the Principal Card member.  10. If I/we have applied for Credit Card FlexiLoan, I/we agree to be bound by the Credit Card FlexiLoan Terms and Conditions.  11. If I/we have applied for Credit Card Balance Transfer, I/we agree to be bound by the Credit Card Balance Transfer Terms and Conditions.  12. The Bank reserves the right to terminate my/our ANZ Signature Priority Banking Visa Inf inite Credit Card(s) if I/we do not maintain the minimum Signature Priority Banking total relationship balance. In the event of such termination, I/we also agree to be bound by the Cardmember's Credit Card to be issued to me/us a that point in time, subject to the Bank's approval then. I/We also agree to be bound by the Cardmember's Credit Card to be issued to me/us a that point in time, subject to the Bank's approval then. I/We also agree to be bound by the Cardmember's Credit Card to be issued to me/us a th
lient Acknowledgement	
ame of Principal Applicant	Name of Supplementary Applicant
gnature of Principal Applicant	Signature of Supplementary Applicant
ate DID MIM YIYIYI	Date DID MIM YIYIYIY

#### **Credit Card Memorandum Of Charge**

Please complete this Memorandum of Charge form, which is supplemental to your Secured Credit Card application form.

Name of Principal Applicant/Joint Acc	count Holder 1
Name of Joint Account Holder 2	
Name of Joint Account Holder 3	
Name of Joint Account Holder 4	
Name of Joint Account Holder 5	
Deposit Account Number	
Deposit Amount (SGD/USD/GBP/EUR/AUD)	

#### **Declaration**

- 1 By signing this form, I/we agree to be bound by the following provisions. These provisions and the security created herein shall also be binding on my/our personal representatives.
- 2. I/We agree to place and maintain a minimum deposit (in the amount indicated by me/us in this form) with Australia and New Zealand Banking Group Limited (the "Bank"), which I/ we warrant to be free from any encumbrance, to be used as security for all outstandings, fees and charges which the Principal applicant may be liable for in respect of the Principal and the Supplementary applicant's Card Account(s) (the "Liabilities").
- 3. I/We hereby charge for the settlement of the Liabilities all sums which have been or may from time to time hereafter be deposited by me/us with the Bank whether in Singapore Dollars or other permitted currency under the deposit indicated by me/us in this form including any renewals thereof whether by way of extension or replacement (and even if bearing a different account number/currency type/amount) together with interest accrued or to be accrued thereon and all additions thereto (the "Deposit"). I/We understand that the Credit Limit to be granted will be subject to the Bank's discretion as well as the amount deposited and will be fully secured against the Deposit.
- 4. I/We irrevocably authorise the Bank to, at any time and from time to time in its sole and absolute discretion and without notice to me/us, appropriate and apply the Deposit (whether it has matured or not) or any part thereof in or towards the satisfaction and settlement of all or any of the Liabilities whether the same is due or contingent and whether there has been a default or not. Any currency conversion that may be necessary will be effected at the Bank's prevailing exchange rate.
- 5. I/We agree that the Deposit is to be held by the Bank as a continuing security notwithstanding my/our bankruptcy, insanity or death, any intermediate payment or settlement of account or any other matter whatsoever until such time as the Liabilities may be fully paid and discharged and the Card Account closed. The Deposit is in addition to and shall not prejudice any other security created now or hereafter held by the Bank or any right or remedy the Bank might have in respect of the same. Nothing herein shall restrict the operation of any other rights or remedies whatsoever which the Bank may have under law or otherwise.

- 6. I/We hereby agree and undertake that, for so long as any part of the Liabilities remains outstanding or the Card Account is not terminated, I/we shall not close the Deposit account and shall not withdraw any sum from the Deposit, or assign, mortgage, charge, pledge, transfer, or create any security interest or encumbrance or otherwise deal with the Deposit in any manner whatsoever nor attempt or purport so to do and I/we shall not do or omit any act which may in any way delay or prejudice the Bank's right to the Deposits. I/We acknowledge that the Card Account will be terminated if the Deposit account is closed or if the value of the Deposit falls below the pledged amount for any reason whatsoever without the Bank's prior written consent. I/We understand that any balance from the Deposit will only be returned 45 business days after closure of the Card Account.
- 7. Any notice or demand for payment by you hereunder shall, without prejudice to any effective mode of making the same, be deemed to have been sufficiently made hereunder on me/us if sent by post to the Principal Applicant's address stated below and shall be assumed to have reached the Principal Applicant within 24 hours of posting, and in proving such service it shall be sufficient to prove that the notice demand was properly addressed and posted.
- 8. The Principal Applicant acknowledges that these provisions shall not prejudice but be in addition to the terms of the Cardmember's Agreement and the card application declaration.
- This memorandum shall be construed in accordance with the laws of the Republic of Singapore and I/we submit to the nonexclusive jurisdiction of the Singapore Courts.

Witnessed by Bank Staff	Signed by Principal Applicant/Joint Account Holder 1
Name	Name
Address	Address
NRIC/Passport Number	NRIC/Passport Number
Occupation	Occupation
Signed by Joint Account Holder 2	Signed by Joint Account Holder 3
Name	Name
Address	Address
NRIC/Passport Number	NRIC/Passport Number
Occupation	Occupation
Signed by Joint Account Holder 4	Signed by Joint Account Holder 5
Name	Name
Address	Address
NRIC/Passport Number	NRIC/Passport Number
Occupation	Occupation

If there are more than 5 Joint Account Holders, please attach Annex 1 to this page before commencement of signing by any Joint Account Holder.

#### **BANK USE ONLY Bank Staff Confirmation** Client signature is witnessed by/confirmed by Name of Bank Staff Signature of Bank Staff Date DJD MJM YJYJYJ **Source of Account** 5 – Credit Card Referral 2 – Phone Banker Referral N – Mortgage Referral 0 – Self Solicitation 6 – Commercial Banking S – Staff Referral 3 – Overseas Branches Referral 1 – Client Referral (MGM) Referral Others (Please specify) CIF Number for Client Referral **Account Opening Check** Name of Checker **Documents Submitted** Account Application Form (Fully completed and signed by customer) Signature of Checker Identity Card/Passport (Original sighted and copy made for file) Proof of Address (Original sighted and copy made for file) OMLR (Duly signed by approvers) Income Document Date DID MIM YIYIYI WC Result SG Check Result Research Report Registration Market Segment Primary Officer Code Secondary Officer Code Branch Code **Account Creation (Branch Operations) Main Account Holder Account Holder 2** Are the documents completed? No Yes Are the documents completed? No Yes Is there any hit in checks? No \_\_\_ Yes Is there any hit in checks? No Yes If yes, please indicate If yes, please indicate CIF Number of Main Account Holder CIF Number of Account Holder 2 Debit Card Issued No Yes Debit Card Issued No Yes

		ATM/Phone Banking Access I	
Current Account		(Note: Please select only 1 account as Primary linked as secondary)	y Account and the rest of the accounts will be
ANZ SGD Signature Priority	y Banking Current	Account Number	Primary Account
ANZ SGD Current Plus		Account Number	Primary Account
ANZ SGD Current		Account Number	Primary Account
ANZ Foreign Currency Curr	rent (Select currency: AUD/CAD/CHF/EUR/GBP/USD)	Account Number	Primary Account
Others (Please specify)		Account Number	Primary Account
Savings Account			
ANZ Wealth Multiplier		Account Number	Primary Account
ANZ SGD Statement Saving	gs	Account Number	Primary Account
ANZ Australian Dollar Savir	ngs Plus	Account Number	Primary Account
ANZ Progress Saver (Select CL		Account Number	Primary Account
ANZ Foreign Currency Stat	tement Savings (Select currency: CAD/CHF/CNY/	Account Number	Primary Account
Others (Please specify)		Account Number	Primary Account
Input by Name		Checked by Name	
Signature		Signature	
Date DID MIM YIY	Y   Y	Date DID MIM YIYIY	· I Y
Date DID MIM YIYI  Signature Scanning  Scanned by	Y   Y	Date DID MIM YIYIY  Checked by	/ <sub>Т</sub> Ү
Signature  Date DD MM Y Y Y  Signature Scanning  Scanned by  Name	Y   Y	Date DID MIM YIYIY	/ <sub> </sub> Y
Date DID MIM YIYI  Signature Scanning  Scanned by	Y   Y	Date DID MIM YIYIY  Checked by	'   Y
Date DID MIM YIY Signature Scanning  Scanned by  Name  Signature		Date D M M Y Y Y Y  Checked by  Name  Signature	
Date DD MM YYY  Signature Scanning  Scanned by  Name  Signature		Date DID MIM YIYIY  Checked by  Name	
Date DD MM Y Y Y  Signature Scanning  Scanned by  Name  Signature  Date DD MM Y Y Y  Credit Card Source Code	Y   Y	Date D M M Y Y Y Y  Checked by  Name  Signature	
Date DD MM Y Y Y  Signature Scanning  Scanned by  Name  Signature  Credit Card Source Code  0 0 0 0 8 0 9 9 0 1	/ <sub> </sub>	Date D M M Y Y Y Y  Checked by  Name  Signature	
Date D M M Y Y Y  Signature Scanning  Scanned by  Name  Signature  Date D M M Y Y Y  Credit Card Source Code  0   0   0   8   0   9   9   0   0	/ <sub> </sub>	Date D M M Y Y Y Y  Checked by  Name  Signature	
Date DD MM Y Y Y  Signature Scanning  Scanned by  Name  Signature  Date DD MM Y Y Y  Credit Card Source Code  0   0   0   8   0   9   9   0   0  Follow up required for income Input	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	Date D M M Y Y Y  Checked by  Name  Signature  Date D D M M Y Y Y	
Signature Scanning Scanned by Name  Date DDDMMMYYY  Credit Card Source Code DDDMBDDPDMMMYYY  Credit Card Source Code DDDMBDDPDMMMYY  Credit Card Source Code DDDMBDDPDMDDPDMDDPDMDDPDMDDPDMDDPDMDDPD	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	Date D M M Y Y Y  Checked by  Name  Signature  Date D D M M Y Y Y	
Date DD MM YYY  Signature Scanning  Scanned by  Name  Signature  Date DD MM YYY  Credit Card Source Code  0 0 0 8 0 9 9 0 0  Follow up required for income Input  SA	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	Date D M M Y Y Y  Checked by  Name  Signature  Date D D M M Y Y Y	

### Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do No	of use this form if:			Instead, use Form:
<ul><li>You</li></ul>	are NOT an individual			W-8BEN-E
<ul><li>You</li></ul>	are a U.S. citizen or other U.S. person, including a resider	nt alien individual		W-9
	are a beneficial owner claiming that income is effectively our than personal services)		trade or busines	ss within the U.S.
• You	are a beneficial owner who is receiving compensation for	personal services performed in	n the United Stat	tes 8233 or W-4
• A pe	rson acting as an intermediary			W-8IMY
Par	Il Identification of Beneficial Owner (see	instructions)		
1	Name of individual who is the beneficial owner	z moducionoj	2 Country of	f citizenship
			000 00000000000000000000000000000000000	•
3	Permanent residence address (street, apt. or suite no., or	or rural route). Do not use a P.	O. box or in-car	re-of address.
-	City or town, state or province. Include postal code whe	re appropriate.		Country
4	Mailing address (if different from above)			
-	City or town, state or province. Include postal code whe	re appropriate.		Country
5	U.S. taxpayer identification number (SSN or ITIN), if requ	uired (see instructions)	6 Foreign ta	x identifying number (see instructions)
7	Reference number(s) (see instructions)	8 Date of birth (MM-DD-	YYYY) (see instru	uctions)
Par	Claim of Tax Treaty Benefits (for chap	ter 3 purposes only) (see	instructions)	1
9		tor o purposes orny) (esc	24.1	the meaning of the income tax treaty
100 a	between the United States and that country.		200007630000	
10	Special rates and conditions (if applicable—see instru	ctions): The beneficial owner is	s claiming the pro	ovisions of Article
	of the treaty identified on line 9 above to claim a	% rate of with	nolding on (speci	ify type of income):
				41
	Explain the reasons the beneficial owner meets the term	ns of the treaty article:		
Part	HISTORIES AND ADDRESS AND ADDR			
	penalties of perjury, I declare that I have examined the information under penalties of perjury that:	on this form and to the best of my	knowledge and be	elief it is true, correct, and complete. I further
	and the second of the Ann Anna and			
•	I am the individual that is the beneficial owner (or am authorized am using this form to document myself as an individual that is a			
	The person named on line 1 of this form is not a U.S. person,	arowner or account holder or a lor	oigii iiriariolai iristitt	ation,
	The income to which this form relates is:			
	(a) not effectively connected with the conduct of a trade or busin	ness in the United States.		
	(b) effectively connected but is not subject to tax under an appli			
	(c) the partner's share of a partnership's effectively connected in			
•	The person named on line 1 of this form is a resident of the trea the United States and that country, and	ty country listed on line 9 of the for	m (if any) within the	e meaning of the income tax treaty between
	For broker transactions or barter exchanges, the beneficial own	er is an exempt foreign person as	defined in the instru	uctions.
	Furthermore, I authorize this form to be provided to any withhold any withholding agent that can disburse or make payments of the	ding agent that has control, receipt	, or custody of the	income of which I am the beneficial owner or
11201	if any certification made on this form becomes incorrect.			
Sign	Here			
	Signature of beneficial owner (or individu	ual authorized to sign for beneficial	owner)	Date (MM-DD-YYYY)
	Print name of signer	C	apacity in which a	cting (if form is not signed by beneficial owner)
For P	aperwork Reduction Act Notice, see separate instructi	ons. Cat. No.	25047Z	Form W-8BEN (Rev. 2-2014)

### Form W-8BEN

(Rev. February 2014)

Department of the Treasury Internal Revenue Service

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do N	OT use this form it:			Instead, use Form:
<ul><li>You</li></ul>	are NOT an individual			W-8BEN-E
<ul><li>You</li></ul>	are a U.S. citizen or other U.S. person, including a residen	t alien individual		W-9
	are a beneficial owner claiming that income is effectively cer than personal services)		trade or busines	s within the U.S.
• You	are a beneficial owner who is receiving compensation for p	personal services performed in	the United State	es 8233 or W-4
• A pe	erson acting as an intermediary	x x x x x x x x x	v 9 9 90 00	W-8IMY
Par	t I Identification of Beneficial Owner (see	instructions)		
1	Name of individual who is the beneficial owner	instructions)	2 Country of	citizenship
			15.5.5000.	
3	Permanent residence address (street, apt. or suite no., or	r rural route). Do not use a P.	O. box or in-car	e-of address.
	City or town, state or province. Include postal code when	e appropriate.		Country
4	Mailing address (if different from above)			
} <del>-</del>	City or town, state or province. Include postal code when	re appropriate.		Country
5	U.S. taxpayer identification number (SSN or ITIN), if requ	ired (see instructions)	6 Foreign tax	k identifying number (see instructions)
7	Reference number(s) (see instructions)	8 Date of birth (MM-DD-	YYYY) (see instru	ctions)
Par	Claim of Tax Treaty Benefits (for chapt	er 3 purposes only) (see	inetructione)	
Pai				he meaning of the income tax treaty
3	between the United States and that country.			no mouning of the moone tax treaty
10	Special rates and conditions (if applicable—see instruc	tions). The beneficial owner is	s claiming the pro	ovisions of Article
	of the treaty identified on line 9 above to claim a	% rate of withh	nolding on (specif	fy type of income):
	Explain the reasons the beneficial owner meets the term	s of the treaty article:		
				-
Part	Certification			
	penalties of perjury, I declare that I have examined the information under penalties of perjury that:	on this form and to the best of my	knowledge and be	lief it is true, correct, and complete. I further
Cortiny	dradi parlatica or parjary triad.			
•	I am the individual that is the beneficial owner (or am authorized			
	am using this form to document myself as an individual that is an	owner or account noider of a for	eign iinanciai institu	tion,
	The person named on line 1 of this form is not a U.S. person, The income to which this form relates is:			
	(a) not effectively connected with the conduct of a trade or busin	ace in the United States		
	(b) effectively connected but is not subject to tax under an applic			
	(c) the partner's share of a partnership's effectively connected in	AND ALTHOUGH		
•	The person named on line 1 of this form is a resident of the treat the United States and that country, and		m (if any) within the	meaning of the income tax treaty between
	For broker transactions or barter exchanges, the beneficial owner	er is an exempt foreign person as o	defined in the instru	ctions.
	Furthermore, I authorize this form to be provided to any withhold	ling agent that has control, receipt	, or custody of the	income of which I am the beneficial owner or
	any withholding agent that can disburse or make payments of th if any certification made on this form becomes incorrect.	e income of which I am the benefi	ciai owner. I agree	that I will submit a new form within 30 days
Sign	Here			
	Signature of beneficial owner (or individu	al authorized to sign for beneficial	owner)	Date (MM-DD-YYYY)
7	Print name of signer	C	apacity in which ac	ting (if form is not signed by beneficial owner)
For P	aperwork Reduction Act Notice, see separate instruction	ons. Cat. No.	25047Z	Form W-8BEN (Rev. 2-2014)



