

# Additional Authorised Signatories Form



Please complete this form in **BLOCK LETTERS** using black ink.  
Please note that all fields in each section are mandatory unless specified otherwise.

## A ACCOUNT THIS AUTHORITY APPLIES TO

ACCOUNT NUMBER	ACCOUNT TITLE
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER 2 (if applicable)	ACCOUNT TITLE 2 (if applicable)
<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER 3 (if applicable)	ACCOUNT TITLE 3 (if applicable)
<input type="text"/>	<input type="text"/>

## B AUTHORISED SIGNATORY DETAILS

### SIGNATORY 1

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>
SURNAME	
<input type="text"/>	
OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS (PO Box not acceptable)	
<input type="text"/>	
<input type="text"/>	
STATE	POSTCODE
<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE (if not Australia)	
<input type="text"/>	
CONTACT NUMBER	
<input type="text"/>	
POSITION IN COMPANY (BUSINESS ACCOUNTS ONLY)	
<input type="text"/>	
OCCUPATION	
<input type="text"/>	

DO YOU REQUIRE A VISA DEBIT CARD?  YES  NO

**Note:** A VISA Debit card is not available on accounts where the signing authority is 'two to sign'.

DO YOU REQUIRE A CHEQUE BOOK?

YES - 50 LEAF  YES - 100 LEAF  NO

### SIGNATORY 2

TITLE	GIVEN NAME(S)
<input type="text"/>	<input type="text"/>
SURNAME	
<input type="text"/>	
OTHER KNOWN NAME (if any)	DATE OF BIRTH
<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS (PO Box not acceptable)	
<input type="text"/>	
<input type="text"/>	
STATE	POSTCODE
<input type="text"/>	<input type="text"/>
COUNTRY OF RESIDENCE (if not Australia)	
<input type="text"/>	
CONTACT NUMBER	
<input type="text"/>	
POSITION IN COMPANY (BUSINESS ACCOUNTS ONLY)	
<input type="text"/>	
OCCUPATION	
<input type="text"/>	

DO YOU REQUIRE A VISA DEBIT CARD?  YES  NO

**Note:** A VISA Debit card is not available on accounts where the signing authority is 'two to sign'.

DO YOU REQUIRE A CHEQUE BOOK?

YES - 50 LEAF  YES - 100 LEAF  NO

## **C** VERIFYING YOUR IDENTITY

You must present the originals or certified copies of either:

- One document from Category 1 AND one document from Category 2 or 3 or 4; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.

<b>CATEGORY 1</b>	<b>CATEGORY 2</b>
<ul style="list-style-type: none"> <li>▪ An Australian Driver's Licence or Learner's Permit (current)</li> <li>▪ A Proof of Age or Photo Card (current and government issued)</li> </ul>	<ul style="list-style-type: none"> <li>▪ An Australian Passport (current or expired within the last 2 years)</li> <li>▪ A Foreign Passport (current and with a certified English translation)</li> <li>▪ An Australian Birth Certificate or Birth Extract</li> <li>▪ An Australian Citizenship Certificate</li> </ul>
<b>CATEGORY 3</b>	<b>CATEGORY 4</b>
<ul style="list-style-type: none"> <li>▪ A Utility Bill or Council Rates Notice (less than 3 months old)</li> <li>▪ A Taxation Notice or Centrelink Statement (less than 12 months old)</li> </ul>	<ul style="list-style-type: none"> <li>▪ A Medicare card (current)</li> <li>▪ A Pension card (current)</li> <li>▪ A Health Care card issued by Centrelink (current)</li> </ul>

<b>STAFF USE ONLY</b>		<b>STAFF USE ONLY</b>	
<b>APPLICANT 1</b>		<b>APPLICANT 2</b>	
<b>Existing Customer Only</b>		<b>Existing Customer Only</b>	
CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER	CUSTOMER NUMBER	(and/or) ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>NEW CUSTOMER ONLY</b>		<b>NEW CUSTOMER ONLY</b>	
<b>DOCUMENT 1</b>		<b>DOCUMENT 1</b>	
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"/>
<b>DOCUMENT 2</b>		<b>DOCUMENT 2</b>	
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"/>

## **D** 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. Sometimes we collect or confirm your personal information from a third party such as a credit reporting body. 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 personal 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, sales agents and service providers we engage to carry out function on our behalf where (in each case) 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 call our Customer Service Centre 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 you can mark the box in the opt out provision appearing at the end of this form or contact our Customer Service Centre on 1300 660 115.

### **7. Privacy Policy**

You should also read our Privacy Policy. Our Privacy Policy is an important document containing information about:

- how you can access and seek correction of your personal information held by us;
- how you can complain about a breach of the privacy laws by us and how we will deal with your 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.

## **E** FOREIGN ACCOUNTS TAX COMPLIANCE ACT (FATCA)

Are any applicants Citizens or Residents of the US for Tax purposes?

Yes - please record their Name, Date of Birth and Address

No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer?

Yes - please record the controlling persons Name, Date of Birth and Address

No

Is the Entity/s a Financial Institution?

Yes - please record the controlling persons Name, Date of Birth and Address

No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax Purposes?

Yes - please record the controlling persons Name, Date of Birth and Address

No

A controlling person can be Shareholders (for Companies), Trustees, Beneficiaries and/or Settlers (for Trusts) or Partners (for Partnerships)

NAME

DATE OF BIRTH

ADDRESS

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

## **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,

1. I/we confirm that I/we have read and agree to the Privacy Disclosure in this application.
2. I/we acknowledge receiving the Financial Services Guide and agree to be bound by the Banking Account Terms and Conditions.
3. 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).
4. 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.

5. I/we acknowledge that any Instruction Authority Schedule completed only applies to this account and only to instructions received from the Authorised signatories specific fax or via the secure email provided as part of our online banking service.

**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**

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

### **SIGNATORY 1**

SIGNATURE

DATE

FULL NAME

### **SIGNATORY 2**

SIGNATURE

DATE

FULL NAME

### **INSTRUCTION AUTHORITY SCHEDULE (optional – please tick the appropriate boxes)**

Please note that telephone instructions are not applicable where the signing authority is 'two to sign'.

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone  Fax

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone  Fax

### **AUTHORISED SIGNATORY ACCOUNT AUTHORITY**

If applicable, please indicate how the Authorised Signatories should be added to this account and ensure that the relevant documents (certified copies of the power of attorney and/or probate) are attached with this form.

#### **SIGNATORY 1**

- Power of Attorney  
 Executor of estate

#### **SIGNATORY 2**

- Power of Attorney  
 Executor of estate

#### **SIGNING AUTHORITY (PLEASE TICK ONE BOX ONLY)**

Any  one or  two of the authorised signatories can operate this account.

## **G ACCOUNT OWNER AUTHORISATION**

Please note that if the signing authority on these account(s) is 'two to sign', two signatures are required to add additional signatories.

As an account owner,

1. I/we authorise the Authorised Signatories to operate the nominated account(s) and agree to be bound by the Banking Account Terms and Conditions that govern their use of the account(s).
2. I/we instruct Rural Bank to pay all drawings on the nominated account(s) authorised or purportedly authorised by the Authorised Signatories.
3. I/we accept full responsibility for transactions conducted on the nominated account(s) by the Authorised Signatories.
4. I/we understand that the authorisation to operate the nominated account(s) will remain in force until revoked by ourselves and any VISA Debit cards issued to the Authorised Signatories are returned.
5. I/we understand that unless otherwise indicated in the application any one account signatory (where there is more than one) can operate the account(s) without the others' permission and that I am/we are responsible for the transactions conducted accordingly.

### **SIGNING AUTHORITY (please tick one box only)**

Any  one or  two of the authorised signatories can operate this account.

### **SIGNED FOR AND ON BEHALF OF**

ORGANISATION NAME (business accounts only)

#### **APPLICANT 1**

SIGNATURE

DATE

FULL NAME

POSITION IN ORGANISATION (business accounts only)

#### **APPLICANT 2**

SIGNATURE

DATE

FULL NAME

POSITION IN ORGANISATION (business accounts only)

## **H 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 applicant's name, date of birth and residential address against the documents detailed in section C, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER