

Additional Authorised Signatories Form

STAFF ASSISTED

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"/>	
EMAIL ADDRESS	
<input type="text"/>	

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"/>	
EMAIL ADDRESS	
<input type="text"/>	

C VERIFYING YOUR IDENTITY

The acceptable identification must contain the individual's 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>	<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"> ▪ 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). 	<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>	<p>SPECIAL PROVISIONS</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 has attended the school ▪ For a person 7 to 17 years, a Medicare Card. Must show the individual's name. 	<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 2 persons who are recognised as Community Leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs). Must contain individual's name and either date of birth or residential address (not PO Box).

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

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 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,

- 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 Rural Bank ONE Terms and Conditions.
- 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.

- I/we acknowledge that Rural Bank ONE only accepts instructions to maintain or transact on the account via secure email sent from Rural Bank Internet Banking.

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

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