Application for membership

SMSF Saver Account Company as trustees

BankVic
For police, emergency and health workers

How to lodge your application:

bankvic.com.au | info@bankvic.com.au | Mobile banker appointment | Visit a branch | 13 63 73

Before proceeding with this application, we recommend that you read BankVic's Privacy Policy available at bankvic.com.au/privacy which sets out key information about why we're collecting your personal information, and how we use, disclose and secure it.

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.

☐ Certified copy of the company's certificate of registration

☐ 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 ☐ S40.2

Trustee.

Member number

Full name of company as registerd by ASIC
(the organisation)

Full address of registered office

Postcode

Full address of principal place of business

Postcode

☐ Proprietary or ☐ Public

ACN

If proprietary, please list full names of directors

If any beneficial owners, please state full name, residential address and date of birth

Please provide the following details about your Trust.

Trust name

Trust type

Country established

Settlor's full name
(If applicable)

Appointer's full name
(If applicable)

Names of Beneficiaries or their class

Business name
(If applicable)

Beneficial owners
(If applicable)

Tax file number or exemption details.

Quoting Tax File Number is not compulsory but withholding tax may be deducted from your interest earned if you don't or you do not have an exemption. Contact the ATO for further information. After input this record will be detached from this application and destroyed.

Membership. At least one Director is required to become a BankVic member.

Title ☐ Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Dr
☐ Other

Surname

Given name/s

Gender (optional)

Date of birth / /

Residential Address

Suburb

State Postcode

Mailing Address (If different than above address)

Suburb

State Postcode

Email

Home tel.

Mobile

Member No.

Occupation

Employer's name

Access Passwords. Please nominate passwords for online and mobile banking

Online and mobile banking

Interim password 6-30 characters (alphanumeric)
Must include a minimum of 2 digits
You will be prompted to change the password on first use of the service

Password when you contact us by telephone

Password 2-6 characters
This password can be changed anytime by calling 13 63 73

Politically exposed person.

A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internationally in a government body or an international organisation.

Are you, or are you a relative or a close associate of, a Politically Exposed Person?

☐ **Yes** ☐ **No**

Non-resident of Australia.

Are you a permanent resident of Australia? ☐ **Yes** ☐ **No**
If no, please advise current Visa status.

Are you a citizen of any other country other than Australia? ☐ **Yes** ☐ **No**

If yes, please list countries of citizenship

Are you a US citizen or US resident for tax purposes? ☐ **Yes** ☐ **No**

If yes, please provide your Taxpayer Identification Number (TIN)

Are you a resident of any other country for tax purposes? ☐ **Yes** ☐ **No**
(excluding Australia and USA)

If yes, please provide the name of each country, a Taxpayer Identification Number (TIN) for each country or a reason why you're not providing a TIN, and an explanation if reason B is selected for a country.

Country 1 TIN

Country 1 TIN

If no TIN is provided, select a reason from the following list:
A - This country does not issue TINs.
B - I don't have a TIN for this country (Please attach an explanation to this form).
C - It is not mandatory for me to disclose my TIN for this country.

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	
Member No.	
Full name	
Member No.	

Specimen Signature 1.

Signature	
Date	/ /

Position	
Member No.	
Full name	
Member No.	

Specimen Signature 2.

Signature	
Date	/ /

Position	
Member No.	
Full name	
Member No.	

Specimen Signature 3.

Signature	
Date	/ /

Position	
Member No.	
Full name	
Member No.	

Specimen Signature 4.

Signature	
Date	/ /

The organisation agrees that the signatories above are authorised to operate this account for any single transaction. This authority does not extend to the signatories amending or revoking this Authority or authorising other person/s to operate the account.

Number of signatures required to operate this account for any single transaction: ☐ **1 to sign** ☐ **2 or more to 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.
2. 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.
5. 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.
9. 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 Director

Signature of Secretary/Director

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		

	Initial	Date Processed
TFN loaded/exemption noted		
TFN detached and destroyed		
T&C issued		

Name _____ Op no. _____

Complete officer's Signature _____ Date _____

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