

Money Market Application Form

I. INDIVIDUAL AND JOINT CUSTOMERS

CUSTOMER 1

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

*First name(s):

*Last name:

*Residential address:

 Postcode:

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

**Mobile number: **Date of birth: / /

Email address:

CUSTOMER 2

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

*First name(s):

*Last name:

*Residential address:

 Postcode:

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

**Mobile number: **Date of birth: / /

Email address:

*These fields must be completed. **At least one of these fields must be completed.

2. COMPANY, INCORPORATED ASSOCIATION OR BODY

Name of company, incorporated association or body: ABN/ACN:

Registered office address:

 Postcode:

Details of Director(s)/Secretary

Title (Mr/Mrs/Miss/Ms/Dr/Other): <input type="text"/>	Title (Mr/Mrs/Miss/Ms/Dr/Other): <input type="text"/>
First name(s): <input type="text"/>	First name(s): <input type="text"/>
Last name: <input type="text"/>	Last name: <input type="text"/>

To discuss your account details over the phone with us, you will need to complete the following details:

Residential address: <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	Residential address: <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Phone number: <input type="text"/> () <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Phone number: <input type="text"/> () <input type="text"/>

'Details of Director(s)/Secretary' does not need to be completed if this form is signed under a Power of Attorney.

3. MAILING ADDRESS

Primary address for statements and correspondence:
 Postcode:

4. TRUST, SUPERANNUATION FUND, MINOR PARTNERSHIP OR UNINCORPORATED ASSOCIATION

Name of trust, superannuation fund, minor, partnership or unincorporated association: ABN/ACN:

Please provide partners/trustee name(s) in section 1 and/or 2.
 Trust beneficiaries (if applicable):

(Please include names or description of trust beneficiaries, and complete section 1 with details of account signatories.)

5. TAX FILE NUMBER COLLECTION FORM

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 the relevant box and complete the TFN details, or complete the exemption details on the reverse.

I <input type="checkbox"/> Individual	Name of customer 1: <input type="text"/>	Name of customer 2: <input type="text"/>
J <input type="checkbox"/> Joint	Tax file number: <input type="text"/>	Tax file number: <input type="text"/>
P <input type="checkbox"/> Partnership		
C <input type="checkbox"/> Company		
T <input type="checkbox"/> Trust		

I/We authorise the application of this tax file number(s) to this and subsequent investments within this account.

6. ACCOUNT DETAILS

Tick the applicable box (✓). Complete the relevant details.

Term option:

- 24 hour call
 _____ days, OR
 _____ years

Investment amount:

\$
\$
\$

Interest rate:

% p.a.
% p.a.
% p.a.

Interest options:
(terms of 365 days plus)

- Monthly
 Quarterly
 Half-yearly
 Annually

Maturity date (optional):

/ /
 / /

7. INTEREST DETAILS

Tick the applicable box (✓). Complete the relevant details.

- Credit my account:
 Post to me at the address indicated on this form
 Reinvest

Name of financial institution:
Branch:
BSB:
Account number:

Interest will be reinvested if no box is ticked.

8. YOUR PERSONAL INFORMATION

We, Adelaide Bank, collect 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 Adelaide Bank product and services, please tick here.

9. 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 'all of us to sign', you will not be able to operate your account independently. You can change the account operating authority at any time by written request signed by all account holders.

For accounts in the name of a company or other incorporated body, please affix the common seal if required by the body's constitution. Please note that any of the individuals signing this application for the company or incorporated body will be able to operate the account on behalf of the body without affixing the common seal in the future.

If no box is selected the method of operation will be "any one of us to sign".

Affix
seal
here if
required.

10. DECLARATION

I/We apply to open the account described on this form. I/We acknowledge that I/we have read the Investment Accounts Product Guide (PG) and agree to be bound by the terms and conditions for this account contained in the PG. I/We warrant that the details on this form are true and complete.

CUSTOMER 1

Full name:
Corporate title (if applicable):
Signature: Date: / /

CUSTOMER 2

Full name:
Corporate title (if applicable):
Signature: Date: / /

[OFFICE USE ONLY]

Valid tax file number: Yes No

Identification completed: Yes No

Customer number:

Fiche number:

Postal address: Money Market Department, Adelaide Bank, GPO Box 1048, Adelaide SA 5001.

TAX FILE NUMBER EXEMPTION FORM

If you wish to claim a tax file number exemption, please tick the box indicating the exemption you wish to claim:

- Age, service, invalid or veteran's pension
 Other pension (wife, carer, widow, etc.)
 Entity not required to lodge a tax return
 I am a child under the age of 16 years and earn less than \$420 per year

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

I/We authorise the application of this exemption to this and subsequent investments within this account.

Tick the applicable box (✓)

Complete the relevant details.

- Non-resident of Australia
 Territory resident

Postal address: