

Adelaide Money Market Term Deposit Account

Application Form (via Adviser or Custodian ONLY)



AdelaideBank

Instructions

What type of account are you applying for?

Please mark the relevant box with a cross (X) and complete the appropriate sections of this form

- ☐ Individual / Joint (**Complete Sections 1, 2 and 9 to 16**)
- ☐ Individual / Joint - Trust / Super fund (**Complete Sections 1, 2, 5 and 8 to 16**)
- ☐ Company (**Complete Sections 1 to 4 and 8 to 16**)
- ☐ Company - Trust / Super fund (**Complete Sections 1 to 5 and 8 to 16**)
- ☐ Association / Co-operative (**Complete Sections 1, 2, 6 and 8 to 16**)
- ☐ Partnership (**Complete Sections 1, 2 and 7 to 16**)
- ☐ Estate of the late (**Complete Sections 1, 2, 5, 8 to 16, and the Authorised Operator Form**)

Section 1 - Important Customer Information

Please consider the information below before investing in a Term Deposit with us:

1. If you require immediate access to your funds in the future, please consider whether or not a Term Deposit is appropriate for you. We have other deposit products available which may be more suitable to your needs.
2. By opening a Term Deposit, you consent to us automatically renewing your investment at maturity. If no instructions are received by us prior to, or on the day of maturity, we will automatically roll your principal and interest into an account with the same investment term (or nearest equivalent term if the previous investment term is no longer available) at the prevailing interest rate for that term. Due to interest rate movements over time, the interest rate applicable to the new investment may be lower than the rate applied in the previous investment.
3. Whenever you invest with us you have a 7 days grace period, starting on the day after maturity, to make any changes to your investment. For instance, you may wish to withdraw funds from your account, increase your investment amount or change the length of your investment term. During the grace period, you can make any such changes to your investment without incurring an interest rate reduction.
4. If you wish to withdraw or transfer your funds after the grace period and before maturity, we may at our discretion not permit the withdrawal or transfer for up to 31 days (or until maturity if sooner), but we will permit withdrawal or transfer during this period in the case of proven hardship. A reduced interest rate may be applied to your funds.

☐ By ticking this box I/we acknowledge I/we have read and consent to the information above.

Section 2 - Customer Information

(A) Account Name

(B) Applicant(s) - Individual / Joint / Sole Trader / Director(s) / Trustee(s)

All signatories to this account must complete this section. If there are more than two customers please attach additional page(s).

Customer 1. Full legal name (title, given name, middle name(s), family name)

Residential address (**PO Box is not acceptable**)

Suburb

State

Postcode

Work

Home

Mobile

Date of birth (DD/MM/YYYY)

Occupation

Email

Customer 2. Full legal name (title, given name, middle name(s), family name)

Residential address **(PO Box is not acceptable)**

Suburb

State

Postcode

Work

Home

Mobile

Date of birth (DD/MM/YYYY)

Occupation

Email

(C) Mailing Address (optional)

Mailing address / PO Box details

Suburb

State

Postcode

Section 3 - Australian Company / Sole Trader / Business

(A) Company Structure

☐ Proprietary / Private

☐ Public listed
(listed on a financial market such as ASX)

☐ Public unlisted

☐ Majority owned subsidiary of
a domestic listed company

☐ Other - please specify

(B) Full Name of Company / Business

Registered office address **(PO Box is not acceptable)**

Suburb

State

Postcode

Principal place of business address **(PO Box is not acceptable)**

Suburb

State

Postcode

Industry type (e.g. primary business activity)

ACN

ABN

Is the company regulated? A company whose activities are subject to the oversight of a Commonwealth, State or Territory regulator. This means supervision beyond that provided by ASIC as a company registration body. For example: Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); Registrable Superannuation Entity (RSE) Licensees.

☐ No ☐ Yes (if Yes, please complete the details below)

Regulator name

Licence details (e.g. AFSL / ACL number)

Section 4 - Australian Proprietary / Private / Public Unlisted Company Details

(A) Details of Director(s)

Each director who is a signatory to this account must also complete Section 2B AND provide their individual customer identification. Please provide the names of each director below. If there are more than two directors please attach additional page(s).

Director 1. Full legal name (title, given name, middle name(s), family name)

Director 2. Full legal name (title, given name, middle name(s), family name)

(B) Details of Shareholders (if applicable)

Provide details of all individuals who own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company. If there are more than two shareholders please attach additional page(s).

Shareholder 1. Full legal name (title, given name, middle name(s), family name)

% of shareholding

Shareholder 2. Full legal name (title, given name, middle name(s), family name)

% of shareholding

Each shareholder listed above must complete the beneficial owner details in Section 8 AND provide their individual customer identification.

(C) Entity Control Details (only complete if no shareholders are listed in Section 4B above)

(i) Provide details of all individuals who control 25% or more of the voting rights, including power of veto. If there are more than two individuals please attach additional page(s).

Individual 1. Full legal name (title, given name, middle name(s), family name)

% of voting rights

Individual 2. Full legal name (title, given name, middle name(s), family name)

% of voting rights

Each individual listed above must complete the beneficial owner details in Section 8 AND provide their individual customer identification.

If unable to complete (i) above, then complete section (ii) below

(ii) Provide the details of the senior managing official(s) – the ‘senior managing official’ is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller). If there are more than two senior managing officials please attach additional page(s).

Officer 1. Full legal name (title, given name, middle name(s), family name)

Position title

Officer 2. Full legal name (title, given name, middle name(s), family name)

Position title

Each senior managing official listed above must complete the beneficial owner details in Section 8 AND provide their individual customer identification.

Section 5 - Australian Trust / Super Fund

(A) Type of Trust

- ☐ Individual / Family ☐ Regulated trust (Super fund / SMSF) ☐ Registered management investment
☐ Government super fund ☐ Other - please specify

(B) Full Name of Trust / Super Fund

Country in which trust was established (if any country other than Australia your application will not be accepted)

Settlor of trust - Not required if a regulated trust, registered managed investment scheme or government super funds or initial sum to establish the trust is less than \$10,000; or the settlor of trust is deceased. The ‘settlor’ is the person / entity who established the trust by contributing the initial assets or amount, often called the ‘settled sum’.

Full legal name (title, given name, middle name(s), family name) / Registered business name

(C) Details of Trustee(s)

Each individual trustee who is a signatory to this account must complete Section 2B AND provide their individual customer identification. All corporate trustees must complete Section 3. Please provide the names of each trustee below. If there are more than two trustees please attach additional page(s).

Trustee 1. Full legal name (title, given name, middle name(s), family name) / Registered business name

Trustee 2. Full legal name (title, given name, middle name(s), family name) / Registered business name

(D) Details of Beneficiaries

Trusts licensed and subject to Australian regulatory oversight do not need to complete this section (e.g. managed investment scheme, super funds). If there are more than two beneficiaries please attach additional page(s).

Beneficiary 1. Full legal name (title, given name, middle name(s), family name) / Registered business name

Beneficiary 2. Full legal name (title, given name, middle name(s), family name) / Registered business name

If the Trust is referenced by membership of a class(es), please provide details of the type of class(es) below.

Class(es) of beneficiaries:

Section 6 - Association / Co-operative

(A) Association / Co-operative Type

☐ Incorporated association ☐ Unincorporated association ☐ Co-operative

(B) Full Name of Association / Co-operative

Identifying number(s) (issued upon incorporation / registration)

Nature of business (e.g. industry type)

Principal place of administration / Registered office address (**PO Box is not acceptable**)

Suburb

State

Postcode

(C) Details of Office Holder(s) / Entity Control

All individual office holders listed below must complete Section 2B AND provide their individual customer identification. Please provide the names of each office holder below. If there are more than three office holders please attach additional page(s).

Office holder 1. (e.g. Chairman or equivalent) Full legal name (title, given name, middle name(s), family name)

Office holder 2. (e.g. Secretary or equivalent) Full legal name (title, given name, middle name(s), family name)

Office holder 3. (e.g. Treasurer or equivalent) Full legal name (title, given name, middle name(s), family name)

Please provide the details of any individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon termination, voting rights of 25% or more or power to veto.

Full legal name (title, given name, middle name(s), family name)

The individual listed above must complete the beneficial owner details in Section 8 AND provide their individual customer identification.

Section 7 - Partnership

(A) Full Name of Partnership

Registered business name of partnership (if applicable)

Country in which partnership was established
(if any country other than Australia your application will not be accepted)

Nature of business (e.g. industry type)

(B) Partnership Details

Is the partnership a member of a professional association (e.g. law society)?

☐ No ☐ Yes - please specify

(C) Details of Partner(s)

Where the partnership is a member of a professional association (e.g. law society) at least one partner must complete Section 2B AND provide their individual customer identification. All individual partners with 25% or more of the partnership must complete Section 2B.

In all other cases, all individual partners must complete Section 2B AND provide their individual customer identification. All corporate partners must complete Section 3. If there are more than two partners please attach additional page(s).

Partner 1. Full legal name (title, given name, middle name(s), family name) / Registered business name % share of partnership

Partner 2. Full legal name (title, given name, middle name(s), family name) / Registered business name % share of partnership

If no partner holds 25% or more of the partnership then please complete the section below:

Provide the details of the senior managing official(s) - the 'senior managing official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller). If there are more than two senior managing officials please attach additional page(s).

Officer 1. Full legal name (title, given name, middle name(s), family name)

Position title

Officer 2. Full legal name (title, given name, middle name(s), family name)

Position title

Each senior managing official listed above must complete the beneficial owner details in Section 8 AND provide their individual customer identification.

Section 8 - Beneficial Ownership or Control

Each beneficial owner must provide their individual customer identification. If there are more than two beneficial owners please attach additional page(s).

Beneficial owner 1. Full legal name (title, given name, middle name(s), family name)

Residential address **(PO Box is not acceptable)**

Suburb

State

Postcode

Date of birth (DD/MM/YYYY)

Beneficial owner 2. Full legal name (title, given name, middle name(s), family name)

Residential address **(PO Box is not acceptable)**

Suburb

State

Postcode

Date of birth (DD/MM/YYYY)

Section 9 - Foreign Tax Details

Adelaide Bank is required to collect information in compliance with OECD Common Reporting Standard (CRS) and the Foreign Account Tax Compliance Act (FATCA).

If an individual investor or controlling person of an Entity (e.g. a Company, Trust, Association or Co-operative) has a connection to countries other than Australia, Adelaide Bank may be required to report information in relation to the investor or controlling person and the investment for CRS and FATCA purposes. If you are uncertain of your status you should seek specialist taxation advice.

Foreign Accounts Tax Compliance Act (FATCA) - Completion of all questions is mandatory

Are any applicants citizens or residents of the US for tax purposes? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

Is the Entity a Financial Institution? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

Are any controlling person(s)* of an Entity citizens or residents of the US for tax purposes? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

**For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.*

Common Reporting Standard (CRS) - Foreign Tax - Completion of all questions is mandatory

Are any individual applicants residents of any country other than Australia or US? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

Is the Entity created in any country other than Australia or US? ☐ No ☐ Yes (please complete the Foreign Tax Details form)

Is the Entity Account Holder a Passive Non-Financial Entity?^ ☐ No ☐ Yes (please complete the Foreign Tax Details form)

^ For foreign tax terminology please refer to the Foreign Tax Glossary which is available with the Foreign Tax Details form located on ABL Connect (User access required).

Section 10 - Term Deposit Details

(A) Account Details

Detail the source of funds for this investment (select all applicable options)

- | | | | | |
|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Investments (rollover / sale) | <input type="checkbox"/> Accumulated surplus | <input type="checkbox"/> Working capital | <input type="checkbox"/> Prize money | <input type="checkbox"/> Redundancy payment |
| <input type="checkbox"/> Legal settlement | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Sale of property | <input type="checkbox"/> Gift | <input type="checkbox"/> Shareholder reserve |
| <input type="checkbox"/> Superannuation payout | <input type="checkbox"/> Other - please specify <input type="text"/> | | | |

(B) Investment Details

Term (days / years)	Investment amount (\$)	Interest rate (client rate)	Maturity date - optional (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> / /

Interest payment options: ☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Maturity

(C) Initial Deposit Method

- ☐ Deposit via Adelaide Bank clearing account (610-101 / 070963351) Reference
- ☐ Initial deposit via direct debit (complete following details)

(NB: Customers must also sign Section 15B if direct debit option is being used)

Account name (if nominating a Credit Union or Building Society, the account must be held in exactly the same name)

Financial institution	BSB number	Account number
<input type="text"/>	<input type="text"/> -	<input type="text"/>

☐ Other deposit method

(D) Interest Details (optional)

☐ Reinvest ☐ Credit my account **(Interest will be automatically reinvested if no box is ticked)**

Account name (if nominating a Credit Union or Building Society, the account must be held in exactly the same name)

Financial institution	BSB number	Account number
<input type="text"/>	<input type="text"/> -	<input type="text"/>

(E) Nominated Transaction Account (optional)

This is **not** for interest proceeds or direct debit purposes

Account name (if nominating a Credit Union or Building Society, the account must be held in exactly the same name)

Financial institution

BSB number

Account number

Section 11 - Investment Operating Instructions (optional)

Please indicate how you wish to operate your account: ☐ Any one of us to sign ☐ All to sign

If you select 'all 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, we may require appointment of authorised signatories and directions as to operating instructions to be under common seal or authenticated by minutes of a resolution of your directors or governing body. 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 ticked the method of operation will be 'any one of us to sign'.

Section 12 - Tax File Number (TFN) or Australian Business Number (ABN)

Please provide your TFN and/or ABN for your Business / Company / Trust / Super Fund / Partnership

It is not an offence if you decide not to supply us with your TFN or ABN. However, if you do not supply us with your TFN or ABN we will be required to deduct withholding tax from distribution returns paid to you, calculated at the highest marginal tax rate plus the Medicare Levy, and forward it to the Australian Taxation Office.

Person / Entity 1. Name in which TFN / ABN is registered

TFN (or exemption code)

ABN (if applicable)

Reason for exemption (if applicable)

Person / Entity 2. Name in which TFN / ABN is registered

TFN (or exemption code)

ABN (if applicable)

Reason for exemption (if applicable)

Section 13 - Your Personal Information

Collection of your personal information

We, Adelaide 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. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

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 information and that in most cases they can access and seek correction of the information we hold about them.

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, our joint venture partners and Community Bank® companies where its confidentiality is maintained at all times.

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.

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 contact us on 1300 652 220.

Privacy policy

You should also read our privacy policy. Our privacy policy contains information about:

- a. how you can access and seek correction of your personal information;
- b. how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
- c. 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.adelaidebank.com.au or by contacting us on 1300 652 220.

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 below or contact us on 1300 652 220.

If you do not wish to receive marketing material from Adelaide Bank please tick here ☐

Section 14 - Declaration

I/We apply to open the account described on this form. I/We acknowledge that I/we have read the Product Guide and agree to be bound by the terms and conditions. I/We warrant that the details on this form are true and complete. I/we acknowledge that if a limited or full access operator has been appointed they may operate this account through their partners, officers, employees, agents and service providers. I/We agree that I/we will notify you of any changes to this arrangement and accept that additional documentation may be required. I/We authorise Adelaide Bank to provide an adviser, who is appointed as limited or full access operator, access to any personal or financial information that relates to my/our application or account including copies of documents issued in relation to the account (this is in addition to other powers that the adviser may have as an authorised operator). If the adviser is a company or partnership, I/we authorise Adelaide Bank to provide such information to any officer, employee or partner of the company or partnership. Should this account be marked 'For Settlement Purpose Only', Adelaide Bank will not exercise any right of set off in respect of the account. If the account is to be held in a trust, details of the trustee and beneficiaries of the trust have been submitted with this application form.

Section 15 - Complete (A) and (B) / (C)

(A) Appointment of Your Financial Adviser Firm

Would you like to appoint your financial adviser firm whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have 'Limited Access' or 'Full Access' operator status on your account?

- ☐ **Full Access:** I/we wish to appoint my/our financial adviser firm whose stamp appears on this form to fully operate this account through their partners, officers, employees, agents and service providers.
- ☐ **Limited Access:** I/we wish to appoint my/our financial adviser firm to have limited account access. They may receive information over phone, roll my account and transact and close to the nominated transaction account in Section 10E.

(B) Customer Signature(s)

Customer 1

Full Name

Corporate title (if applicable)

Signature

Date (DD/MM/YYYY)

Customer 2

Full Name

Corporate title (if applicable)

Signature

Date (DD/MM/YYYY)

(NB: You must indicate what level of authority you would like to provide your financial adviser firm in this section)

(C) Adviser Signing on Behalf of Customer(s)

Full Name

Corporate title (if applicable)

Signature

Date (DD/MM/YYYY)

Adviser Stamp

Section 16 - Know Your Customer Details (MANDATORY ADVISER SECTION)

Adviser name

Dealer group / Firm name

Broker code

Client reference number

State

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature

Date (DD/MM/YYYY)

Office use ONLY - For non-individual applicants please specify the Entity Structure

☐ Simple

☐ Complex (e.g. more than 2 levels of ownership)

ADM

Date (DD/MM/YYYY)