


SMSF Saver Account application Company as Trustee




How to lodge your application:

 bankvic.com.au

 13 63 73

 Reply Paid 90210, MELBOURNE VIC 8060
GPO Box 2074, MELBOURNE VIC 3001

 Visit a branch

To apply as a Company, at least one of your Directors must be 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 trust's beneficiaries and any beneficial owners of your company.

COMPANY TRUSTEE

PLEASE SUPPLY:

To enable BankVic to open this account, please provide a 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 no	<input type="text"/>
Full name of company as registered by ASIC (the organisation)	<input type="text"/>
Full address of registered office	<input type="text"/>
	Postcode <input type="text"/>
Full address of principal place of business	<input type="text"/>
	Postcode <input type="text"/>
	<input type="checkbox"/> Proprietary or <input type="checkbox"/> Public
ACN	<input type="text"/>

If proprietary, please list full names of directors

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

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

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

TRUST

PLEASE PROVIDE THE FOLLOWING DETAILS ABOUT YOUR TRUST.

Trust name	<input type="text"/>
Trust type	<input type="text"/>
Country established	<input type="text"/>
Settlor's full name (if applicable)	<input type="text"/>

Appointer's full name (if applicable)	<input type="text"/>
Names of Beneficiaries or their class	<input type="text"/>
Business name (if applicable)	<input type="text"/>
Beneficial owners (if applicable)	<input type="text"/>

If any director, trustee, beneficial owner, beneficiary, settlor or appointor pay tax in a country other than Australia, they must complete a Foreign Tax Resident Self Certification Form. This can be found at bankvic.com.au

PLEASE CONTINUE FORM OVERLEAF

TAX FILE NUMBER OR EXEMPTION DETAILS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

AUTHORISED TO OPERATE

EACH SIGNATORY TO THIS ACCOUNT, IF NOT A BANKVIC MEMBER, WILL BE REQUIRED TO 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

Position	<input type="text"/>
Member No	<input type="text"/>
Full Name	<input type="text"/>
SPECIMEN SIGNATURE 1	
Signature	<input type="text"/>
Date	<input type="text"/>

Position	<input type="text"/>
Member No	<input type="text"/>
Full Name	<input type="text"/>
SPECIMEN SIGNATURE 2	
Signature	<input type="text"/>
Date	<input type="text"/>

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.

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	<input type="text"/>
Member No	<input type="text"/>
Full Name	<input type="text"/>
SPECIMEN SIGNATURE 3	
Signature	<input type="text"/>
Date	<input type="text"/>

Position	<input type="text"/>
Member No	<input type="text"/>
Full Name	<input type="text"/>
SPECIMEN SIGNATURE	
Signature	<input type="text"/>
Date	<input type="text"/>

NUMBER OF SIGNATURES REQUIRED TO OPERATE THIS ACCOUNT FOR ANY SINGLE TRANSACTION.

1 to sign 2 or more to sign

DECLARATION

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 General Information, 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 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
At Call Savings Account/s opened		
PDS At Call issued		
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		
PDS Fees and Charges issued		
PDS Interest Rates issued		
PDS NCP		
GI, T&C issued		

Name: Op no.:

Completed Officer's Signature: Date:

	Initial	Date processed
Deposit book		
RRS		
Telebanking		
online banking		
chq book		
eStatement loaded		
Link No.		