

UNREGULATED TRUST ACCOUNT APPLICATION

Guide to completing this form: This form is for Unregulated trusts and trustees. For Self-Managed Superannuation Funds, please complete the Regulated Trust Application form.

TRUST DETAILS						
Trust Name			ABN	Account Number (Office use only)		
Registered Address (PO Box is NOT acceptable)		Mailing Address (if different from registered office) (PO Box is NOT acceptable)				
Suburb	State P	Postcode	Suburb	State Postcode		
Email		,	Office Phone Number	Fax Number		
Country where Trust established	Type of Trust					
	Family Ti	rust C	nartible Trust Testamentary	Trust		
	Other Tri	ust (please p	rovide description)			
Tax File Number Notification:						
Please provide your Tax File Number (TFN).	Not quoting y	our TFN mag	y result in tax being taken out of y	our interest.		
I/We do not wish to provide Australian	Military Bank	with our TFN				
Settlor Details						
Please provide the full name of the settlor of is established is less than AUD\$10,000 or the settlor of the set			erial asset contribution to the Trus	t by the settler at the time the trust		
Given Name(s)			Surname			
Corporate Trustee details (where relevan	t)	4.001				
Company Name		ACN				
Registered Address (PO Box is NOT acceptable)			Principal Place of Business Address (PO Box is NOT acceptable)			
Suburb	State P	Postcode	Suburb	State Postcode		
TRUST IDENTIFICATION						
Please attach the following identification do	cuments for th	ne trust:				
An original or certified copy of the Trust						
An original or certified copy of the Lette	ers of Probate,	Letters of A	dministration or the will for decease	ed estates		
ACCOUNT METHOD OF OPERA	NOITA					
One account holder to sign Two	account holde	ers to sian				

PO Box H151, Australia Square NSW 1215 | Ph: 1300 13 23 28 | Email: service@australianmilitarybank.com.au australianmilitarybank.com.au | Australian Military Bank Ltd ABN 48 087 649 741 | AFSL and Australian Credit Licence Number 237 988

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ACCOUNTS AND ACCES	S FACILITIES OPTIONS*				
Select the account/s you wish to o	pen:				
Access Term Deposit	Star Saver Direct Other	:			
Select the access facilities you wis	h to use:				
Visa Debit Card (not available	if two to sign)	Administrator 1 Name	Administrator 2 Name		
Online Business Banking (max	rimum 2 administrators)				
*Terms and Conditions apply. Please refe	er to the Terms and Conditions and Sche	edule of Fees and Charges available on o	ur website.		
INDIVIDUAL TRUSTEE/I	DIRECTOR DETAILS				
Instructions for completion: • Please select whether a person is a be	eneficial owner. ultimately owns or controls (directly or in	directly) the association/club. Ownership m	neans owning more than 25% of the		
Person 1 Individual Trustee			ustee Director Beneficial Owner		
Member Number or Client Number (office use only)		Member Number	or Client Number (office use only)		
Title Given Name(s)	Other Name(s)	Title Given Name(s)	Other Name(s)		
Surname D	ate of Birth	Surname	Date of Birth		
	/ /		/ /		
Rank (if applicable)		Rank (if applicable)			
Residential Address		Residential Address			
Suburb	State Postcode	Suburb	State Postcode		
Country of Residence		Country of Residence			
Citizenship		Citizenship			
Are you a Tax Resident in a jurisdic Yes No	tion other than Australia?	Are you a Tax Resident in a juri	sdiction other than Australia?		
If yes, please specify the country ar Identification Number (TIN):	nd provide your Tax	If yes, please specify the country and provide your Tax Identification Number (TIN):			
	IN	Country 1 TIN			
Country 2 T	IN	Country 2	TIN		
Country 3 T	IN	Country 3	TIN		
		n the country where you are a resident cial security, national insurance, persor			
Are you a Politically Exposed Perso	on (PEP)?	Are you a Politically Exposed Person (PEP)? Yes No			
A Politically Exposed Person (PER	P) is someone who performs impor	tant public functions. For example:			
	of the armed forces (top three seni				
	nent and cabinet ministers	or levels of each service)			
Heads of state, governmentSenior government official					
Senior executive of state					
	y member of a person referred to	ahovo including a engueo defacto	nartner or child		

BEN	EFICIARY DETAIL	S					
Do the		fy the beneficiaries by reference to	membership	of a class?			
Provide the details of the membership class/es				nany beneficiaries are the	ere?		
	nit holders, family member sations/causes)	ers of named person, charitable	If there	e are more than 4 benefic	ciaries, attach a sepa	arate lis	st.
_	iciary 1		Bene	ficiary 3			
Title	Given Name(s)	Other Name(s)	Title	Given Name(s)	Other Name	(s)	
Surnar	ne		Surna	me			
Benefi	iciary 2			ficiary 4			
Title	Given Name(s)	Other Name(s)	Title	Given Name(s)	Other Name	(s)	
Surnar	ne		Surna	me			
DEC	LARATION AND S	SIGNATURE					
		r of Australian Military Bank when w	0.2	1 E 6 H 16			
email, S Op Person I/We an	SMS or telephone. Our Foot out of communications nal information	nat Australian Military Bank and ar	anmilitarybank	.com.au.			
the ser of actir and au credit of	vice provider may excha ng on Australian Military ditors, property valuers, p	tary Bank engages anyone (a Servinge with each other any personal Bank's behalf. Service providers morinters and mailing services, insure DS service providers, collection aged services.	information the nay include bu ers and mortga	e service provider lawfully t are not limited to solicit age insurers, financial plan	y obtains about me/u tors and legal advise nners, retirement pro	us in the rs, acc duct m	ne course countants nanagers,
Individ	ual Trustee/Director 1 Sig	nature	Print Na	ıme			
					Date	/	/
Individ	ual Trustee/Director 2 Sig	ınature	Print Na	ıme			
					Date	/	/
	CE USE ONLY frustees verified	Trust name verified FSG	3 supplied	T&C supplied	F&C sup	pplied	
	Privacy statement supplied	Internet Banking access granted to Signate	Г		bit for Signatories/owners ord		
Staff N	Name and Operator Number	Supervisor Signature		Date /	Member Number C	Created	