

## UNINCORPORATED ASSOCIATION ACCOUNT APPLICATION

Name of Association/Club	IDENTIFICATION
Name of Association/Club	Attach ONE of the following identification documents;
	An original or certified copy of the rules or constitution of the
Identifying No. of Association	association  An original or certified copy of the minutes/extract of the
	minutes of the association
Association Address	ASSOCIATION COMMITTEE DETAILS
Suburb State Postcode	Committee Member 1 - Full Name Position
State Posicode	
Office Phone Fax Number	Committee Member 2 - Full Name Position
Email	Committee Member 3 - Full Name Position
	Committee Member 4 - Full Name Position
Nature of Association	Committee Wember 4 - Full Name Fosition
TAX FILE NUMBER OR WITHHOLDING TAX EXEMPTION	
Note: The collection and use of your TFN is regulated by applicable tax you do not, withholding tax will be deducted from your accounts.	and privacy laws. It is not compulsory to provide your TFN, however if
you do not, warrolang tax wir so doddood nom you doodd no.	
SIGNATORY DETAILS	
Instructions for completion:	
Instructions for completion:  • Please complete for all signatories.	DERSON 2
Instructions for completion:	PERSON 2  Member Number or Client Number (office use only)
Instructions for completion:  • Please complete for all signatories.  PERSON 1	
Instructions for completion:  • Please complete for all signatories.  PERSON 1	
Instructions for completion:  • Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)	Member Number or Client Number (office use only)
Instructions for completion:  • Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)	Member Number or Client Number (office use only)
Instructions for completion:  • Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)
Instructions for completion:  • Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  Rank (if applicable)  Residential Address	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  / /  Rank (if applicable)  Residential Address
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  Rank (if applicable)	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  Rank (if applicable)
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  / /  Rank (if applicable)  Residential Address  Suburb State Postcode
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  Rank (if applicable)  Residential Address	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  / /  Rank (if applicable)  Residential Address
Instructions for completion:  Please complete for all signatories.  PERSON 1  Member Number	Member Number or Client Number (office use only)  Title Given Name(s) Other Name(s)  Surname Date of Birth  / /  Rank (if applicable)  Residential Address  Suburb State Postcode

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

UAA0521 Page 1 of 4

Person 1 (Continued)		Person 2 (Continued)				
Home Phone	Work Phone	Home Phone	Work Phone			
Mobile	Email	Mobile	Email			
Service Number	Occupation	Service Number	Occupation			
Country of Residence		Country of Residence				
Citizenship		Citizenship				
Are you a Tax Resident in a jur  Yes No	isdiction other than Australia?	Are you a Tax Resident in a jurisdiction other than Australia?  Yes No				
If yes, please specify the coun Identification Number (TIN):	try and provide your Tax	If yes, please specify the country and provide your Tax Identification Number (TIN):				
Country 1	TIN	Country 1	TIN			
Country 2	TIN	Country 2	TIN			
Country 3	TIN	Country 3	TIN			
N A TINE III						
	e number issued to you by the tax office e an equivalent number, for example a s		sident for tax purposes. Where a country personal identification or a resident			
Are you a Politically Exposed Person (PEP)?			Are you a Politically Exposed Person (PEP)?			
Yes No		Yes No				
A Politically Exposed Person	(PEP) is someone who performs imp	portant public functions. For exa	ample:			
A high ranking mem	nber of the armed forces (top three s	enior levels of each service)	·			
	rernment and cabinet ministers					
Senior government officials						
Senior executive of state-owned organisation						
	•	to above including a apoves of	lofacta partner or child			
A PEP IS also the inimediate	family member of a person referred	to above, including a spouse, d	letacto partner or child.			

Person 3			Pers	son 4				
Member Number	or Client N	Number (office use o	nly) Men	nber Number	or Client	Number (d	office use only)	
Title Given Name(s)	Othe	er Name(s)	Title	Given Name	e(s) Oth	er Name(	s)	
Surname	Date of Bi	rth	Surr	ame	Date of E	lirth		
Carraine	Date of Bill	/ /	- Odii	IdiTiC	Date of E	/	1	
	/					1	1	
Rank (if applicable)			Ran	k (if applicable)				
Residential Address			Resi	dential Address				
Suburb		State Postco	ode Sub	urb		State	Postcode	
Mailing Address (if differer	at from above)		Mail	na Addross (if di	fferent from above)			
Ivialiling Address (il dillerer	t iioiii above)		IVIAII	rig Address (ii di	nerent ironi above)			
Suburb		State Postco	ode Sub	urb		State	Postcode	
Home Phone	Work Pho	ne	Hom	ne Phone	Work Pho	one		
Mobile	Email		Mob	 iile	Email			
Comito o Numero ou			0	ta a Nicosala ao	0			
Service Number	Occupation	Df 1	Serv	ice Number	Occupati	on		
Country of Residence			Cou	ntry of Residence	е			
Citizenship			Citiz	Citizenship				
Are you a Tax Resident in	a jurisdiction othe	r than Australia?	Are	you a <u>Tax</u> Reside	ent in a jurisdiction oth	er than Au	ıstralia?	
Yes No				Yes No				
If yes, please specify the oldentification Number (TIN		de your Tax		s, please specify tification Numbe	the country and provi	de your Ta	ЭX	
Country 1	TIN			ntry 1	TIN			
,								
Country 2	L TIN		Cou	ntry 2				
Odulity Z	TIIN			11ti y 2	TIIN			
Country 3	TIN		Cou	ntry 3	TIN			
Please refer to information	above for TIN de	finition.	Plea	se refer to inform	nation above for TIN d	efinition.		
Are you a Politically Exposed Person (PEP)?				Are you a Politically Exposed Person (PEP)?				
Yes No				Yes No				
Please refer to information	above for PEP de	efinition.	Plea	se refer to inform	nation above for PEP o	definition.		
ACCOUNTS AND A	ACCESS FACIL	ITIES OPTIO1	NS*					
Select the account/s you	wish to open:							
Access Mes		enosit St	ar Saver Direct	Other:				
			a Javor Diroot	Outor				
Select the access facilities								
Visa Debit Card (not a	available it two ac	count holders to s	sign)					

\* Terms and Conditions apply - refer to our Terms and Conditions brochure and Schedule of Fees and Charges.

Page 3 of 4

ACCOUNT METHOD OF OPERATION	
Where there are two or more signatories, the account signing authors.  One account holder to sign  Two account holders to sign	
SIGNATORY DECLARATION	
	on Military Bank Ltd. For further information about membership, please references possible for ensuring that any persons appointed as nominated officer occordance with the instructions of the association.
Personal Information  I/We acknowledge and agree that Australian Military Bank and any personal information as required by law.	y company related to Australian Military Bank can collect and disclose m
the service provider may exchange with each other any personal in of acting on Australian Military Bank's behalf. Service providers may and auditors, property valuers, printers and mailing services, insured	ce Provider) to do something on its behalf then Australian Military Bank an information the service provider lawfully obtains about me/us in the cours ay include but are not limited to solicitors and legal advisers, accountanters and mortgage insurers, financial planners, retirement product managerancies, conveyencers, credit reporting agencies, and Government agencies
Person 1 Signature	Print Name
	Date / /
Person 2 Signature	Print Name
	Date / /
Person 3 Signature	Print Name
	Date / /
Person 4 Signature	Print Name
	Date / /
OFFICE USE ONLY	Interest Bestine consequential Consequence
Association name verified Signatories verified VDC ordered  Privacy Statement supplied T&C provided F&C supplied	Internet Banking access granted to Signatories/owners  FSG supplied Interaction Visa debit for Signatories/owners ordered
Staff Name and Operator Number Supervisor Signature	Member Number Created
	Date / /