

Term Deposit Consent Form



Account Name: **Trustee for G&ST Management Super Fund**

Important Customer Information

Please consider the information below before investing in a term deposit account with us:

1. If you require immediate access to your funds in the future, please consider whether this product is appropriate for you. We have other deposit products available which may be more suitable.
2. By opening a term deposit, you consent to us automatically renewing your investment on the review date. If no instructions are received by us before the review date, 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 to the previous investment.
3. Whenever you invest with us you have a 7 day grace period, starting on the day after the review date, to make any changes to your investment. For instance, you may want to withdraw funds from your investment, increase your investment amount or change the length of your investment term. During the grace period, you can make any such changes to your account without incurring an interest rate reduction.
4. From 1 January 2015, if you wish to withdraw or transfer your funds after the grace period and before the next review date, we may at our discretion not permit the withdrawal or transfer for up to 31 days (or the next review date 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. This restriction on withdrawal or transfer does not apply to 25% of your initial deposit on a Bendigo Gold Term Deposit Account.

Customer 1 Name: **Guy Loucks**

Customer 2 Name: **Sue Loucks**

Customer 1 Signature:

Customer 2 Signature:

Office Use Only

Where a new customer number has been created, the Term Deposit consent form must be completed by all parties to the account.

If the customer is existing and the new TDA is one to sign, the form should be signed as per account signing instructions

For a Corporate entity, the form should be signed by any two of the account owners

Customer Number/Ledger:

Staff Signature:

Staff number/ADM:

Date: / /

Completed Term Deposit Consent Form can be attached to the Account Opening Application form/s and filed within the branch authority folders

Account Opening Form - Superannuation Fund (Company Trustee)



Branch/Agent Name:

Branch/Agent Number:

In order to establish you as a customer there is certain information we need to collect from you as required by law.

Section 1 - Organisation Details

Full registered name including full business name or trading name (if any) of the organisation:

The Trustee for G&ST Management Super Fund

ANZSIC Code:

Industry:

SMSF

Registered office address (PO Box not acceptable):

3 Pildra Place

Suburb: Frenchs Forest NSW 2086 Australia

State:

Postcode:

Country:

Principal place of business (PO Box not acceptable):

☒ Same as registered office address

Suburb:

State:

Postcode:

Country:

Postal Address: ☐ Same as registered office address ☐ Same as principal place of business

Suburb:

State:

Postcode:

Country:

Details for Primary Contact Person:

Primary Contact Name: Sue Loucks

Primary Contact Phone:

0407 221 170

Primary Contact Email: suecheetham@optusnet.com.au

Section 2 - Company

Have any details relating to your company changed within the last 3 months?

- ☒ No - you may use a company search that has been completed within the last 3 months.
☐ Yes - you will need to complete a new Company Search.

ACN/ARBN: **65 283 596 944**

Company Structure as listed on the company search:

- ☐ Proprietary/Private ☐ Public (domestic listed company) ☐ Majority owned subsidiary of a domestic listed company
☐ Public unlisted company ☒ Other, please specify **SMSF**

If the company is regulated complete details below:

* A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.

If Yes - please specify Regulator Name

Licence Details (e.g. AFSL Number)

If the company is a public listed company, a majority owned subsidiary of a public listed company or a regulated* company, go to Section 5 otherwise complete sections below.

Section 2.1 - Company Ownership (only required for proprietary, private and public unlisted companies)

Please 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 as per the company search

If no individual owns 25% or more of the issued capital of the company and go to section 2.2.

	Given Name	Middle Name	Surname	% Shareholding
Shareholder 1:	Guy	Raymond	Loucks	50%
Shareholder 2:	Suzanne	Jane	Loucks	50%
Shareholder 3:				
Shareholder 4:				

Each individual(s) listed above are considered to be the Beneficial Owner(s) and need to complete Section 4.

Section 2.2 - Entity Control Details (only required for proprietary, private and public unlisted companies)

This section is only required if the ownership details in previous section cannot be determined. Each individual listed below (in part a or b) must complete Section 4 (Beneficial Ownership & Control).

a) Please provide details of all individuals who control 25% or more of the voting rights, including power of veto

	Given Name	Middle Name	Surname	% Voting Rights
Individual 1:				
Individual 2:				

If there are more than two individuals who control 25% or more of the voting rights, please attach additional page(s).

If unable to complete part a) above then complete part b) below:

b) Please provide 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)

	Given Name	Middle Name	Surname	Position Title
Officer 1:				
Officer 2:				

If there is more than two Senior Managing Officials, please attach additional page(s).

Section 3 - Trust

ABN: 65 283 596 944

Type of trust: Please tick (✓) applicable

☒ Regulated trust (Superannuation/SMSF) ☐ Registered managed investment scheme ☐ Government superannuation fund
☐ Other:

Country where Trust was established: Australia

Section 4 - Beneficial Ownership or Control

All individuals listed in section 2.1 or 2.2 must complete the below.

Individual 1 - (Beneficial Ownership or Control)

Mr/Mrs/Miss/Ms:	Given Name:	Middle Name:	Surname:
Mr	Guy	Raymond	Loucks
Date of birth: 18/06/1968		Email address: loucksg@optusnet.com.au	
Full residential address (PO Box not acceptable):			
3 Pildra Place		Frenchs Forest	NSW 2086 Australia
Suburb:	State:	Postcode:	Country:
<input checked="" type="checkbox"/>	Identified under another customer number _____ (Must have an active account and valid ID)		
<input type="checkbox"/>	Signatory to account If signatory, please complete:		
Specific Occupation: Consultant	Preferred Contact Number: 0429 041 186		

Individual 2 - (Beneficial Ownership or Control)

Mr/Mrs/Miss/Ms:	Given Name:	Middle Name:	Surname:
Mrs	Suzanne	Jane	Loucks
Date of birth: 20/03/1961		Email address: suecheetham@optusnet.com.au	
Full residential address (PO Box not acceptable):			
3 Pildra Place		Frenchs Forest	NSW 2086 Australia
Suburb:	State:	Postcode:	Country:
<input checked="" type="checkbox"/>	Identified under another customer number _____ (Must have an active account and valid ID)		
<input type="checkbox"/>	Signatory to account If signatory, please complete:		
Specific Occupation: Executive Manager	Preferred Contact Number: 0407 221 170		

Individual 3 - (Beneficial Ownership or Control)

Mr/Mrs/Miss/Ms:	Given Name:	Middle Name:	Surname:
Date of birth:		Email address:	
Full residential address (PO Box not acceptable):			
Suburb:		State:	Postcode: Country:
<input type="checkbox"/>	Identified under another customer number _____ (Must have an active account and valid ID)		
<input type="checkbox"/>	Signatory to account If signatory, please complete:		
Specific Occupation:	Preferred Contact Number:		

Individual 4 - (Beneficial Ownership or Control)

Mr/Mrs/Miss/Ms:	Given Name:	Middle Name:	Surname:
Date of birth:		Email address:	
Full residential address (PO Box not acceptable):			
Suburb:		State:	Postcode: Country:
<input type="checkbox"/>	Identified under another customer number _____ (Must have an active account and valid ID)		
<input type="checkbox"/>	Signatory to account If signatory, please complete:		
Specific Occupation:	Preferred Contact Number:		

If there are more than four beneficial owners/control, please attach additional page(s).
Each person listed above must provide Individual Identification documents.

Section 5 - Additional Signatories/Persons authorised to sign on account

Individual 1 - Individual Details (those additional to Section 4)

Non Titled Member type: ☐ Signatory ☐ Director ☐ Phone Bank/Internet Bank User ☐ Other: _____

Mr/Mrs/Miss/Ms: Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ Specific Occupation: _____

☐ Identified under another customer number _____ (Must have an active account and valid ID.)

Individual 2 - Individual Details (those additional to Section 4)

Non Titled Member type: ☐ Signatory ☐ Director ☐ Phone Bank/Internet Bank User ☐ Other: _____

Mr/Mrs/Miss/Ms: Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ Specific Occupation: _____

☐ Identified under another customer number _____ (Must have an active account and valid ID.)

Individual 3 - Individual Details (those additional to Section 4)

Non Titled Member type: ☐ Signatory ☐ Director ☐ Phone Bank/Internet Bank User ☐ Other: _____

Mr/Mrs/Miss/Ms: Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ Specific Occupation: _____

☐ Identified under another customer number _____ (Must have an active account and valid ID.)

Individual 4 - Individual Details (those additional to Section 4)

Non Titled Member type: ☐ Signatory ☐ Director ☐ Phone Bank/Internet Bank User ☐ Other: _____

Mr/Mrs/Miss/Ms: Given Name: _____ Middle Name: _____ Surname: _____

Date of birth: _____ Email address: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ Specific Occupation: _____

☐ Identified under another customer number _____ (Must have an active account and valid ID.)

If there are more than four Signatories/Persons/Authorised to sign on the account, please attach additional page(s).

Each person listed above must provide individual identification documents.

Section 6 - Foreign Applicants (only complete if new customer to Bendigo & Adelaide Bank)

If the applicant resides in an "Additional KYC Country" complete the section below:

Applicant Name:

Occupation:

Country of citizenship:

Reason for opening an account in Australia:

Salary range: ☐ \$0 - \$30,000 ☐ \$30,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ \$100,001 +

If there is more than one Foreign Applicant, please attach additional page(s).

Section 7 - Foreign Tax Information**Foreign Accounts Tax Compliance Act (FATCA) - (completion of all questions is mandatory)**

Are any applicants Citizens or Residents of the US for Tax purposes? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax purposes? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Is the Entity a Financial Institution? ☒ Yes - Please complete the Foreign Tax Details Form (OA740) ☐ No

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) - (completion of all questions is mandatory)

Are any individual applicants residents of any country other than Australia or US for tax purposes? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Is the Entity created in any country other than Australia or US? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Is the Entity Account Holder a Passive Non-Financial Entity that have 1 or more Controlling Persons with foreign tax obligations? ☐ Yes - Please complete the Foreign Tax Details Form (OA740) ☒ No

Section 8 - Account Information

Product Code	Account Type	Account Title	2 to sign (✓)	Card (✓)	Internet Banking (✓)	Phone Banking (✓)	Cheque Book (✓)

Commercial Everyday Account - monthly service fee: \$ _____

If this application is for a Term Deposit or Cash Management Account then please provide the source of funds for this investment (select all applicable options):

☐ Gift ☐ Working Capital ☐ Accumulated Surplus ☐ Investments - rollover/sale ☐ Shareholder Reserve
☐ Legal Settlement ☐ Sale of Property ☐ Inheritance ☐ Prize Money ☐ Redundancy Payment ☐ Superannuation Payout

Other - please specify:

Super Fund Trust bank account held with Bendigo

Term Deposit (Phone 1300 BENDIGO for rates)

Product & Type/Code: \$ 200,000 Passbook/Certificate: Interest rate: 2.3% or better Term: 5 months

Interest Payment ☐ Compound

Method:

☐ Credit to Account

BSB:

_____ - _____

Account No:

Privacy Disclosure

1. Collection of your personal information

We, Bendigo 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.

2. 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.

3. 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.

4. 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.

5. 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 our Customer Feedback Team on 1300 361 911.

6. 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 call 1300 236 344 (1300 BENDIGO).

I do not wish to receive marketing material from Bendigo Bank ☐

7. 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.bendigobank.com.au or by telephoning 1300 361 911.

Personal Declaration

I/We confirm that all details provided in this application by me/us are true and correct. I/We also acknowledge that upon signing this declaration I/we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on my/our account by me/us and additional cardholders nominated by me/us. If additional cardholders have been nominated by me/us, I/we authorise and instruct Bendigo Bank to pay and honour all transactions on my/our account conducted by them. Authorisations for additional cardholders to transact on my/our account are to remain in force until revoked by me/us.

I/We confirm that I/We have read and agreed to the Privacy Disclosure in this application.

I/we acknowledge that where accounts are in joint names, the money in the account/s is owned jointly by us and withdrawals from the account/s can be signed by either one of us OR as specified.

Full Name:
Signature 1:
Date: / /

Full Name:
Signature 3:
Date: / /

Full Name:
Signature 2:
Date: / /

Full Name:
Signature 4:
Date: / /

Office Use Only

Tick the below to confirm the below actions have been completed in branch and checked by another staff member, both staff to sign the application form.

Branch to complete:	
<input type="checkbox"/>	Application Form sections completed in full (as per Application Template)
<input type="checkbox"/>	Foreign Tax Information collected and recorded on Application Form
<input type="checkbox"/>	Valid product code recorded
<input type="checkbox"/>	Source of Funds completed (for TDAs)

Customer supplied KYC documents: (branch to copy)	
<input type="checkbox"/>	Full clear copy of Individual Identification documentation (e.g. Drivers Licence, Passport) for all signatories and non-signing Beneficial Owners: or
<input type="checkbox"/>	If using 'already identified' for Identification ensure valid ID is loaded and there is active accounts under the customer record
<input type="checkbox"/>	Full copy of the Original Trust Deed, plus the most recent amendment (if applicable), please ensure the copy: <ul style="list-style-type: none">• is dated• has been signed by 2 Directors (or 1 Director + 1 Company Secretary, or Sole Director) of the Trustee Company• is a full copy that includes all pages

Internal methods of KYC verification to be completed by branch:	
<input type="checkbox"/>	Full company search (as per Company Search Procedures). Staff can use a previous company search if it was completed within the last 3 months. This must still be scanned through as part of the application.
<input type="checkbox"/>	SuperFund Lookup to be completed to ensure Fund is complying

Signed:

Staff number/ADM: _____ Date: / /

Signed:

Staff number/ADM: _____ Date: / /