

ANZ TERM DEPOSIT APPLICATION FORM



This application form is to be used when applying for an ANZ Term Deposit via an authorised ANZ Intermediary (your adviser) and serves as acceptance of funds from individuals and organisations.

Applicants must:

- Read the ANZ Saving & Transaction Products - Terms and Conditions and ANZ Personal Banking - Account Fees and Charges for this product and ANZ Personal Banking - General Fees and Charges and the Financial Services Guide prior to applying for this product
- Provide acceptable identification to be submitted with the application as outlined in Appendix A.

APPLICATION GUIDE

Please complete the relevant sections as indicated below according to the type of account to be opened and refer to Appendix A for ID requirements.

Trusts / Superannuation Fund (including Self Managed)

- Intermediary Details
- 1. Account Details
- 2. Type of Account
- 3.b. Customer Details for Trust/Superannuation Fund
- 4. Entity Tax Residency Details
- 6. For Trustee / Director / Applicant / Signatory Details / Partner / Protector (Appointer) / Settlor
- 7.b Details of Beneficiary (Trust/Superannuation Fund) (if applicable)
- 8. Account Postal Address
- 9. Investment Details
- 10. Declaration & Authority

Refer to Appendix A for ID requirements

Individual / Joint

- Intermediary Details
- 1. Account Details
- 2. Type of Account
- 6. For Trustee / Director / Applicant / Signatory Details / Partner / Protector (Appointer) / Settlor
- 8. Account Postal Address
- 9. Investment Details
- 10. Declaration & Authority

Refer to Appendix A for ID requirements

Sole Trader

- Intermediary Details
- 1. Account Details
- 2. Type of Account
- 5. For Sole Trader
- 8. Account Postal Address
- 9. Investment Details
- 10. Declaration & Authority

Refer to Appendix A for ID requirements

Company

- Intermediary Details
- 1. Account Details
- 2. Type of Account
- 3.a. Customer Details for Company
- 4. Entity Tax Residency Details
- 6. For Trustee / Director / Applicant / Signatory Details / Partner / Protector (Appointer) / Settlor
- 7.a Details of Beneficial Owner(s) or Senior Managing Official (if applicable)
- 8. Account Postal Address
- 9. Investment Details
- 10. Declaration & Authority

Refer to Appendix A for ID requirements

Partnership

- Intermediary Details
- 1. Account Details
- 2. Type of Account
- 3c. Customer Details for Partnership
- 4. Entity Tax Residency Details
- 6. For Trustee / Director / Applicant / Signatory Details / Partner / Protector (Appointer) / Settlor
- 7.a Details of Beneficial Owner(s) or Senior Managing Official (if applicable)
- 8. Account Postal Address
- 9. Investment Details
- 10. Declaration & Authority

Refer to Appendix A for ID requirements

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TO BE COMPLETED BY INTERMEDIARY:

Intermediary

Intermediary reference number

Internal Account Number (Star, Trading Account No. - Broker use only)

Adviser Full Name

Adviser Email Address

Adviser Phone Number

In relation to this application, either

- personal advice was provided to the customer; or
- the intermediary is satisfied that the customer is likely to be in the target market for the product on the basis that relevant enquiries were undertaken or appropriate warnings were given to the customer through the application process.

1. ACCOUNT DETAILS

Account Name

2. TYPE OF ACCOUNT

Individual Sole Trader Joint Partnership Trust Super Fund (Including Self-Managed) Company

Note: for Individual and Joint accounts go straight to Section 4.

3. CUSTOMER DETAILS

3.a. Customer Details for Company

For Trusts, all Trustees must be listed. Please provide details for any entity that is a trustee. Where there is more than 1 Company/Partnership, please attach and complete another copy of this page.

Full Name of Company

ACN of Company

Country in which the Company was established

ABN/ARBN/Company Registration Number

Purpose for seeking banking service

Type of Company (Private/Public)

Full Business/Trading name (if applicable)

Principal place of Business Address

TFN

Suburb

State

Industry/Nature of Business

(generates at least 50% of your gross income OR at least 50% of the assets of the Company/Trust are held in connection with carrying on the business identified as the nature of business)

Postcode

Country

Registered Office Address (if different from above)

Suburb

State

Postcode

Country

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3.b. Customer Details for Trust/Superannuation Fund

Trustee details must be provided, for individuals go to section 6, if corporate trustee go to 3a.

Full Name of Trust/Superannuation Fund

Country in which the Trust/Superannuation Fund was established

Purpose for seeking banking service

Type of Trust/Superannuation Fund (e.g. Discretionary Trust, Regulated Trust, Self Managed Super Fund or other - please specify)

Principal place of Business address

Registration Number (e.g. ABN or ARSN)

Suburb

State

TFN

Postcode

Country

For corporate Trustee enter full details in Section 3.a

Industry/Nature of Business

(generates at least 50% of your gross income OR at least 50% of the assets of the Superannuation Fund/Trust are held in connection with carrying on the business identified as the nature of business)

Registered Office address (if different from above)

Suburb

State

Full name of the settlor of the trust (excluding Regulated Trusts)

Postcode

Country

3.c. Customer Details for Partnership

Full name of Partnership

Industry/nature of business

(generates at least 50% of your gross income OR at least 50% of the assets of the partnership are held in connection with carrying on the business identified as the nature of business)

Registered business name of the Partnership (if any)

Phone number

Registered Office Address

ARBN, ABN, or other

Suburb

State

Purpose for seeking banking service (excluding sole trader)

Postcode

Country

Professional Association Name (for regulated partnership)

Principal place of business (if different)

Does the Partnership have an existing ANZ account?

Yes No

Suburb

State

If yes, please note your account number

Postcode

Country

Country in which partnership was established

Registration No. (for regulated partnership, if any)

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4. ENTITY TAX RESIDENCY DETAILS FOR AEOI PURPOSES

Please complete this section only if the Account Holder is an Entity:

Does the Account Holder meet the qualifying conditions to be an Exempt Entity under FATCA and CRS? Yes No

If response is "Yes". Complete **4.a only**;

If response is "No". Complete **both parts of 4.b.**

4.a. Exempt Entity Type

Please select **ONE** of the options below to confirm the Exempt Entity type and then proceed to relevant section based on the information provided in Application Guide.

Publicly Traded NFE

Related Entity of Publicly Traded NFE

Name of the Related Publicly Traded NFE

Central Bank

Government Entity

International Organisation

Entity wholly owned by Central Bank, Government Entity or International Organisation

Pension/Retirement/Super Fund (meeting FATCA and CRS exemption requirements)

Financial Institution (please also complete the standalone ANZ AEOI Entity Self-Certification form).

4.b. Entity Tax Residency Status

Part 1: Please select **ONE** of the options below to confirm the Tax Residency Status of the Entity

The Entity is only Tax Resident in Australia

OR

The Entity has no residency for tax purposes and its place of effective management or jurisdiction in which its principal/registered office is included below

OR

I have included below all countries in which the Entity is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

Part 2: Please select ONE of the options below across (a) or (b) to confirm the tax residency status of the Non-Financial Entity (NFE) under FATCA and CRS

(a) Active NFE

Active NFE (by Income/Assets)

(To be selected if during the preceding calendar year or other appropriate reporting period, the Entity:

A. Derived less than 50% of its gross income from passive sources AND

B. Held less than 50% of assets that produced or were held for production of passive income.)

Holding Company or Treasury Centre (that is a member of a non-financial group)

Start-Up Company

Entity in Liquidation or Bankruptcy Tax

Exempt Non-Profit Organisation.

(b) Passive NFE

Passive NFE

Please ensure you complete the Tax Residency Details for all applicable Controlling Persons in Sections 6 and 7, wherever applicable.

Please indicate the total number of controlling person(s) for this account holder

Please attach additional sheets of sections 6 and 7 to the application if required to ensure details are captured for all Controlling Persons.

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5. FOR SOLE TRADER

Please enter individual and business details in section 5.a and 5.b, then proceed to relevant section based on the information provided in Application Guide.

5.a. Details of Applicant (will be treated as Signatory unless specified otherwise in Section 6)

<p>Title <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Do you have any Middle name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the below field.</p> <p>Middle name(s) <input type="text"/></p> <p>Last name(s) <input type="text"/></p> <p>TFN or Exemption <input type="text"/></p>	<p>Residential address (PO Box is not acceptable) <input type="text"/></p> <p>Suburb <input type="text"/> State <input type="text"/></p> <p>Postcode <input type="text"/> Country <input type="text"/></p> <p>Work phone number <input type="text"/> Home phone number <input type="text"/></p> <p>Date of birth <input type="text"/> Occupation <input type="text"/></p> <p>Country of Citizenship <input type="text"/></p> <p>Other Country of Citizenship (if applicable) <input type="text"/></p>
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Tax Residency Details

Please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

This Individual is only Tax Resident in Australia

OR
 I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation

5.b. Details of Sole Trader Business

<p>Full name of Business <input type="text"/></p> <p>Registered Office Address <input type="text"/></p> <p>Suburb <input type="text"/> State <input type="text"/></p> <p>Postcode <input type="text"/> Country <input type="text"/></p> <p>Principal place of business (if different) <input type="text"/></p> <p>Suburb <input type="text"/> State <input type="text"/></p> <p>Postcode <input type="text"/> Country <input type="text"/></p>	<p>Industry/nature of business <small>(generates at least 50% of your gross income OR at least 50% of the assets of the business are held in connection with carrying on the business identified as the nature of business)</small> <input type="text"/></p> <p>Phone number <input type="text"/></p> <p>ARBN, ABN, or other <input type="text"/></p> <p>Does the Business have an existing ANZ account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please note your account number <input type="text"/></p>
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- Trustee 3 Director 3 Applicant 3 Signatory 3 Partner 3
 Protector/Appointer 3 Settlor 3

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Work phone number Home phone number

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Email Address

- Trustee 4 Director 4 Applicant 4 Signatory 4 Partner 4
 Protector/Appointer 4 Settlor 4

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Work phone number Home phone number

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Email Address

Tax Residency Details

This section is not required to be filled out if application is for an Australian Registered Superannuation or an Australian SMSF.

Is the Individual:

- an account holder; or
 for AEOI purposes, a Controlling Person of a Passive NFE
 (as confirmed in part 2 of Section 4.b above)?

If you have ticked one of the above options, please also complete the tax residency details for the individual below.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Individual is only Tax Resident in Australia

OR

I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
 B – TIN Not Required (The Country does not require collection of a TIN)
 C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
 Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

Is the Individual:

- an account holder; or
 for AEOI purposes, a Controlling Person of a Passive NFE
 (as confirmed in part 2 of Section 4.b above)?

If you have ticked one of the above options, please also complete the tax residency details for the individual below.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Individual is only Tax Resident in Australia

OR

I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
 B – TIN Not Required (The Country does not require collection of a TIN)
 C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
 Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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7. DETAILS OF BENEFICIAL OWNERS

7.a Details of Beneficial Owner(s) or Senior Managing Official

Please refer to Appendix C to determine the Beneficial Owner(s) or Senior Managing Official. This section does not need to be completed by account holders who are Individuals, Sole Traders and Regulated Trusts (except for a corporate trustee of a Self-Managed Super Fund).

Beneficial Owner 1 Senior Managing Official

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Beneficial Owner 2

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Tax Residency Details

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, as confirmed in part 2 of Section 4.b above? Yes No

If Yes, please complete the remaining Tax Residency Details below.

If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Senior Managing Official/Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Senior Managing Official/Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
- B – TIN Not Required (The Country does not require collection of a TIN)
- C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
- Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, as confirmed in part 2 of Section 4.b above? Yes No

If Yes, please complete the remaining Tax Residency Details below.

If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
- B – TIN Not Required (The Country does not require collection of a TIN)
- C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
- Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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Beneficial Owner 3

Title

First name

Do you have any Middle name(s)? Yes No
 If yes, please fill out the below field.
 Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Beneficial Owner 4

Title

First name

Do you have any Middle name(s)? Yes No
 If yes, please fill out the below field.
 Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth Occupation

TFN or Exemption

Country of Citizenship

Other Country of Citizenship (if applicable)

Tax Residency Details

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, as confirmed in part 2 of Section 4.b above? Yes No

If Yes, please complete the remaining Tax Residency Details below
 If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)
 B – TIN Not Required (The Country does not require collection of a TIN)
 C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
 Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, as confirmed in part 2 of Section 4.b above? Yes No

If Yes, please complete the remaining Tax Residency Details below.
 If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)
 B – TIN Not Required (The Country does not require collection of a TIN)
 C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
 Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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7.b Details of Beneficiary (Trust/Superannuation Fund)

For Trusts except Regulated Trusts (refer definition in Appendix D), all names of beneficiaries and classes of beneficiaries must be listed. ANZ require the full name of each beneficiary in existence, or where beneficiary (classes) are defined, the description of the class(es).

An example of a class of beneficiaries is 'all children of John Smith'.

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

Title

First name

Do you have any Middle name(s)? Yes No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb State

Postcode Country

Date of birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

Tax Residency Details

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, (as confirmed in part 2 of Section 4.b above)? Yes No

If Yes, please complete the remaining Tax Residency Details below.

If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficiary is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficiary is Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
- B – TIN Not Required (The Country does not require collection of a TIN)
- C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
- Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

Is the individual a Controlling Person of a Passive NFE, for AEOI purposes, (as confirmed in part 2 of Section 4.b above)? Yes No

If Yes, please complete the remaining Tax Residency Details below.

If No, do not provide tax residency details.

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficiary is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficiary is Tax Resident (other than Australia)

Country of Tax Residence (Do not include Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

- A – TIN Not Issued (The Country does not issue TINs)
- B – TIN Not Required (The Country does not require collection of a TIN)
- C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)
- Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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8. ACCOUNT POSTAL ADDRESS

Address

Suburb State Postcode Country

Please note all statements and notices will be sent to this address.

9. INVESTMENT DETAILS

Amount Investment Term

Customer Rate % p.a. Commission % p.a.

Account Number to Fund Term Deposit (Please complete if the Term Deposit will be funded by an ANZ account)

Your initial investment will be drawn from your nominated ANZ account on the day your ANZ Term Deposit is opened. Account names on both your Term Deposit and nominated account must be identical. Nominated accounts held in joint names must have either party to sign.

Annual Interest Payments

For investment terms greater than 12 months interest will be paid annually to your nominated ANZ account

Account Number

Instruction on Maturity

It's important you tell us what to do with your funds before maturity of your ANZ Term Deposit.

Provide withdrawal instructions at maturity

If, at the end of the investment term, you have not told us what you want to do with your funds, then we will reinvest the funds into a new ANZ Term Deposit for the same term but at the interest rate applicable at the time of reinvestment. This interest rate may be lower than the interest rate that applied to your maturing ANZ Term Deposit. You can contact your Adviser at maturity of your ANZ Term Deposit to confirm:

- the interest rate that will apply upon reinvestment; or
- what is an eligible ANZ account to nominate the funds to be paid into.

Pay to nominated eligible ANZ account

To be credited to Account Number

If you have instructed us to pay into a nominated account on maturity, it must be an eligible ANZ account. A nomination of an account which is not an eligible ANZ account will not be accepted. If, at the end of the investment term, you have not told us what you want to do with your funds (that is, by nominating to pay the funds into an eligible ANZ account or to reinvest), then we will reinvest into a new ANZ Term Deposit for the same term but at the interest rate applicable at the time of reinvestment. This interest rate may be lower than the interest rate that applied to your maturing ANZ Term Deposit. You can contact us at maturity of your ANZ Term Deposit to confirm:

- the interest rate that will apply upon reinvestment; or
- what is an eligible ANZ account to nominate the funds to be paid into.

Re-invest maturity amount

As per your instructions we will reinvest into a new ANZ Term Deposit for the same term but at the interest rate applicable at the time of reinvestment. This interest rate may be lower than the interest rate that applied to your maturing ANZ Term Deposit. You can contact your Adviser at maturity of your ANZ Term Deposit to confirm interest rates that will apply upon reinvestment.

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10. DECLARATION & AUTHORITY

References to ANZ in this clause means Australia and New Zealand Banking Group Limited.

Collection, use and disclosure of personal information

ANZ is collecting your personal information to enable it to process this application and for the purposes described in the product terms and conditions. Without this information ANZ may not be able to consider or process your application.

You agree that ANZ may disclose your personal information to:

- any agent, contractor or service provider ANZ engages to carry out or assist its functions and activities;
- an organisation that assists ANZ to identify, prevent or investigate any fraud, unlawful activity or misconduct (or suspected fraud, unlawful activity or misconduct);
- any related entity of ANZ; and
- your authorised representative.

ANZ may disclose information to recipients (including service providers and related entities) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in ANZ's Privacy Policy and at www.anz.com/privacy.

ANZ's Privacy Policy (www.anz.com/privacy) contains information about:

- any laws that require or authorise ANZ to collect certain information from you;
- the circumstances in which ANZ may collect your information from other sources (including from a third party);
- how to access your information and seek correction of your information; and
- how you can raise concerns that ANZ has breached the Privacy Act or an applicable Code and how ANZ will deal with these matters.

Tax Residency Details

- I/We have obtained the necessary consent and authorisation to allow collection, disclosure and use of the Tax Residency Details provided in this form.
- I/We will notify ANZ within 30 days of any change to the Tax Residency Details and/or Tax Residency Status of the Account Holder or any controlling person(s). (This includes but is not limited to changes in your TINs, primary nature of business or tax classification.)

Promotion of other products and services

ANZ may use your information to help ANZ promote its products or services or those of its related entities or organisations that are in a product or marketing alliance with ANZ (alliance partners). ANZ may also disclose your information to its related entities or alliance partners to enable them or ANZ to tell you about a product or service.

Where you do not want ANZ to tell you about its products and services or those of its related entities or alliance partners, you may call 13 13 14 at any time to withdraw your consent.

Further information

Your product terms and conditions booklet and our ANZ Privacy Policy contain further information about our handling of the information we collect during the course of your relationship with ANZ.

If you have provided information about someone else, please show them a copy of this clause so that they may understand how ANZ may collect, use and disclose their information.

By signing the declaration and authority:

You acknowledge that you have read and understood the above privacy and confidentiality declaration; and You consent to ANZ collecting and disclosing your personal information in the manner described, and all matters set out, in the above privacy and confidentiality declaration.

You acknowledge that you have read and accept the ANZ Saving & Transaction Products - Terms and Conditions and ANZ Personal Banking - Account Fees and Charges for this product and ANZ Personal Banking - General Fees and Charges and the Financial Services Guide.

I/We acknowledge that I/we understand the fees and charges that may apply to this account and I/we agree to those fees and charges.

I/We certify that:

- I/We understand and agree to all matters specified in this form and this declaration
- the Country in which the Trust/Superannuation Fund/Company/ Partnership was established as specified in section 5 or 8 of this form is accurate and can be relied upon by ANZ
- the Industry/Nature of Business specified in this form generates at least 50% of the Trust/Superannuation Fund/Company/Partnership's gross income
- all other information provided in this form is true, correct and complete.

I/We agree that I/We will notify you of any changes to this arrangement and accept that additional documentation maybe required.

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AUTHORISED REPRESENTATIVE/THIRD PARTY SIGNATORY (IF APPLICABLE)

Name of authorised representative:

Signature of authorised representative:

Date (DD/MM/YYYY)

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Name of authorised third party signatory (if applicable):

Signature of authorised third party signatory (if applicable):

Date (DD/MM/YYYY)

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By signing below you agree and confirm that you are appointing the Intermediary as an authorised representative on your account. You understand that the authorised representative/third party signatory (if applicable) will have the same level of access to your ANZ Term Deposit Account as you. This includes authority to make deposits into, and withdrawals from, your ANZ Term Deposit account, to provide instructions for reinvestment and to view your ANZ Term Deposit account. You also hereby release, discharge and indemnify ANZ from and against all actions, proceedings, accounts, claims and demands whatsoever arising from the appointment of the authorised representative/third party signatory (if applicable) named above.

Signature of Applicant

Print Name

Date (DD/MM/YYYY)

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Signature of Applicant

Print Name

Date (DD/MM/YYYY)

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Signature of Applicant

Print Name

Date (DD/MM/YYYY)

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Signature of Applicant

Print Name

Date (DD/MM/YYYY)

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ANZ TERM DEPOSIT APPLICATION FORM

APPENDIX A: ACCEPTABLE IDENTIFICATION DOCUMENTS

Guidance note for certified copies:

- When using certified copies (where permissible), the certification document must not be > 3 months old
- Where certified copies are sighted, they must be original certified copies of the documents and not copies of the certified copy document
- Original application is required by ANZ
- Acceptable documents used for identification are listed below.

IDENTIFICATION REQUIREMENTS FOR NON-INDIVIDUAL ACCOUNTS

If you are...	We will need ID from...	Forms of ID required...
A trust	• At least one Trustee(s)	• Where the trustee is an individual, trustee to be identified as per the verification requirements for an individual; where the trustee is a company, trustee to be identified as per the verification requirements for a company
	• The trust	• An original or certified copy/extract of trust deed
A Partnership	• At least one Partner • Each signatory (including Partners)	• The Partner and each signatory to be identified as per the verification requirements for an individual
	• Partnership business	• An original or certified copy/extract of the Partnership Agreement; or • An original or certified copy/extract of the Australian Partnership Taxation Return; or • An original or certified copy/extract of the minutes of the meeting for the partnership confirming the attendance and approval by authorised office holders for the partnership
A company	• Each signatory	• Each signatory to be identified as per the verification requirements for an individual
	• The company	• ASIC search; or • ASX search (for companies listed publicly in Australia)

Authorised Persons

The following is a list of persons authorised to certify a copy. Unless it is specified that the Authorised Person may be overseas, an Authorised Person must be either an Australian Citizen or Permanent Resident of Australia.

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. A judge of a court in Australia;
3. A magistrate in Australia;
4. A chief executive officer of a Commonwealth court;
5. A registrar or deputy registrar of a court;
6. A Justice of the Peace;
7. A notary public (for the purposes of the Statutory Declaration Regulations 2018) in Australia or overseas;
8. A police officer;
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) - position can be held overseas;
12. An officer with 2 or more continuous years service with one or more Australian financial institutions (for the purposes of the... or overseas financial institution with which ANZ has an existing correspondent banking relationship - position can be held overseas;

13. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 2018);
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees;
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants;
16. A pharmacist;
17. Employee of the Australian Trade Commission (AUSTRADE) who is overseas:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3(d) of the consular Fees Act 1955; and
 - (c) exercising his or her function in that place.

Identification verification documents for individuals

Every account holder and signatory will need to verify his or her identity by providing one of the following combinations of identity documents:

- At least One Primary identification document, or
- Any Two Secondary identification documents

Documents must be originals, or certified copies where permissible. Certified copies must be less than 3 months old and must be original certified copies, not copies of certified copies.

ANZ TERM DEPOSIT APPLICATION FORM

ACCEPTABLE IDENTIFICATION DOCUMENTS FOR INDIVIDUALS

MUST provide identification as per the following options:

- At least ONE Primary identification document type, **OR**
- At least TWO different types of Secondary identification documents
- **Each** identification document that is accepted **MUST** have **NAME AND DATE OF BIRTH OR RESIDENTIAL ADDRESS** (except Medicare Card)
- No document type can be used more than once
- Documents must be current unless otherwise specified
- Where you are giving us information that is different or has changed from that shown on identification documents, you must provide us with appropriate linking documents that explain the difference
- Utility Bill is not accepted as an identification document, but is accepted as a linking document to explain an address change.

Category	Verification Document
Primary Identification Document Types	<ul style="list-style-type: none"> • Australian State/Territory photographic driver's licence or learner's permit • Australian Passport (current, or one that has expired within the past two years) • Foreign Passport* • Australian State/Territory Government issued Proof of Age card • Foreign Government issued National Identification card* • Australian Firearms/Shooting Licence • Australian Explosives Licence.
Secondary Identification Document Types	<p>Maximum of ONE of each Document type:</p> <ul style="list-style-type: none"> • Birth certificate, birth card, birth extract issued by an Australian State or Territory, or Foreign Government* (commemorative certificates are not accepted), Integrated Birth Certificate (IBC) issued by NSW Government • Australian Medicare card • Foreign driver's licence* • Australian or Foreign citizenship certificate* • Australian Government card or notice issued by Centrelink to concession holder Includes any ONE of: <ul style="list-style-type: none"> - DHS Commonwealth Seniors Health Card or Health Care Card - DHS or DVA Pensioner Concession card - Benefits Notice (less than 12 months old) • Australian ImmiCard. Includes any ONE of: <ul style="list-style-type: none"> - Evidence of Immigration Status (EIS) ImmiCard - Permanent Resident Evidence (PRE) ImmiCard - Residence Determination ImmiCard (RDI) • Australian School attendance letter issued by principal to person under 18, recording residential address and period of attendance (less than 3 months old) • Australian Tax Office (ATO) assessment notice (less than 12 months old) with name and residential address • Notice issued by approved Australian Aged Care facility (less than 12 months old) with name and residential address • Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address.

*If your identification document is written in a language other than English, you must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

Alternative Primary Identification Document Types	<p>If the customer identifies as Aboriginal and/or Torres Strait Islander heritage and not otherwise able to provide other forms of identification, ONE of the following may be used;</p> <ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander Community ID Card OR • Statement by Referee (Refer to the below List of Acceptable Referees) <ul style="list-style-type: none"> • An official from an Aboriginal and Torres Strait Islander organisation, or a board member of a local Aboriginal land council; or • Community Leader or recognised Elder (who is not a parent, sibling, or child of the customer); or • School principal or School counsellor; or • Health Professional such as a general practitioner, nurse practitioner, psychologist, Aboriginal or Torres Strait Islander health worker or counsellor; or • The customer's current employer or manager; or • Police officer; or • A religious leader; or • Manager or warden of a refuge or shelter accommodation or homeless shelter; or • Financial counsellor or financial capability worker; or • A legal aid or community lawyer; or • Other social support services such as family violence workers, social workers or youth services; or • Services Australia (Centrelink) Staff; or • A person qualified to witness a statutory declaration, e.g., Justice of the Peace, Pharmacist, Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office providing postal services to the public.
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Acceptable Linking Documents			
Name	Adoption Papers	Birth Certificate with Endorsement	Change of Name Certificate (Deed Poll)
	Court Order	Marriage Certificate	Certificate of Divorce (Decree Nisi)
Address	Lease/Rental Agreement	Change of Address label on back of Driver's Licence	Utility Bill (no more than 3 months old)

IDENTIFICATION REQUIREMENTS FOR INDIVIDUALS AND SIGNATORIES

If you are ...	We will need ...
Current ANZ customer(s)	Just your ANZ account number so we can refer to the identification you have on file with us
A current ANZ customer, with joint account holder(s) new to ANZ	Provide your ANZ account number, and identity verification documents – as previous - for the joint account holder(s)
New to ANZ – individual over 18 years of age or a Sole Trader	Identity verification documents – as previous

APPENDIX B: AUTOMATIC EXCHANGE OF INFORMATION

Tax regulations require ANZ and its Controlled Entities ("ANZ") to collect a Self-Certification that includes your tax residence(s).

Tax regulations require ANZ and its Controlled Entities ("ANZ") to collect an Entity/Controlling Person(s) Self-Certification that establishes the Entity's status and includes tax residence(s).

ANZ may be required to provide information to relevant tax authorities (including where you do not provide a valid Self-Certification). Automatic Exchange of Information (AEOI) may include the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS). ANZ may need to contact you for further information in relation to your response. For further details, please refer to www.anz.com/aeoi.

APPENDIX C: BENEFICIAL OWNERS AND SENIOR MANAGING OFFICIALS

For companies, partnerships, associations and co-operatives

The following persons are beneficial owners and should be included in this form:

Any individual who ultimately owns (directly or indirectly) 25% or more of the entity or organisation (for a company, this means 25% or more of the issued share capital).

Where there are no such individuals, or you have doubt as to whether the individuals exercise control through their ownership, provide the details of any individuals who exercise control (directly or indirectly) through:

- the ultimate authority to make financial and operating decisions on a day-to-day basis;
- voting rights of 25% or more;
- authority to control decisions and operations through a power of veto; or
- for co-operatives and associations, entitlement to on dissolution to 25% or more of the property of the co-operative and association

An individual will have control if they hold the relevant rights or powers directly, or indirectly through a chain of ownership or by means of trusts, agreements, arrangements, understanding and practices.

If you cannot identify a beneficial owner, provide the details of a Senior Managing Official:

A Senior Managing Official is an individual who makes or participates in key decisions or can significantly affect the entity or organisation's financial standing of the Company (e.g. CEO, CFO, COO, President, Treasurer, Secretary, Chairman, Partner, Managing Director)

For trusts (other than regulated trusts)

Any of the following persons are beneficial owners and should be included in this form:

- the appointer or protector of the trust
- any other individual who can appoint/remove trustees or add/remove beneficiaries
- trustees who have discretion over how to distribute trust property (or where the trustee is a company, the individuals who own or control the trustee, including through a chain of ownership or control)
- any individual who can direct or veto the decisions of the trustee(s)
- in respect to unit trusts, any individual that holds 25% or more of the units

Beneficial owner(s) or senior managing official are required to provide acceptable identification documents and linking documents (if applicable), where they have not previously been identified by ANZ.

APPENDIX D: REGULATED TRUST DEFINITION

A Regulated Trust is:

- a trust that is registered and subject to the regulatory oversight of a Commonwealth statutory regulator e.g. superannuation fund regulated by the Australian Taxation Office (ATO) or Australian Prudential Regulation Authority (APRA)
- a domestic Registered Managed Investment Scheme (RMIS); registered with Australian Securities and Investments Commission (ASIC) to which persons make contributions and has an Australian Registered Scheme Number (ARSN)
- an Australian Managed Investment Scheme not registered with ASIC that:
 - only has wholesale clients; and
 - does not make small scale offerings to which section 1012E of the Corporations Act 2011 applies
- a government superannuation fund; a trust that is a superannuation fund for government employees established by legislation.