

ANZ TERM DEPOSIT MAINTENANCE REQUEST - ADD OR REMOVE SIGNATORY



Complete all appropriate sections and email to Third Party Term Deposit mailbox:

Email: ThPTD@anz.com

All requests must be signed.

Unsigned requests will not be processed and will be returned to you.

Date:

Authorised contact name:

Contact number:

Intermediary number:

1. ADD NEW SIGNATORY

First name Middle Name

Surname Date of birth

Full Residential address

Suburb State Postcode Country

Work phone number Personal phone number

Occupation Email address

Country of Citizenship Other country of Citizenship

Tax Residency Status

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

TFN

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

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

2. ACCOUNT INFORMATION

Please complete the account details you wish to grant/change access to

BSB Account number Account name

Is the new signatory an existing ANZ Customer? Yes No

If **yes**, please list current ANZ account number

If **no**, you can visit a branch or supply a certified copy of ID along with the form

Amendments to signing arrangements

All parties to sign jointly Either

party to sign

View access only

Other (please provide details)

3. REMOVE SIGNATORY

Full name

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4. SIGNATURE(S)

New signatory

Customer's full name

Customer's signature

Date (DD/MM/YYYY)

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Customer's full name

Customer's signature

Date (DD/MM/YYYY)

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Customer's full name

Customer's signature

Date (DD/MM/YYYY)

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Customer's full name

Customer's signature

Date (DD/MM/YYYY)

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Important information

This document contains information that is confidential. If you are not the intended recipient, you must not read, use, distribute or copy this document. If you are not the intended recipient, please notify us immediately on 13 28 33.