## ANZ TERM DEPOSIT APPLICATION REPLICATE AN EXISTING ACCOUNT



This application form is only to be used when applying for an ANZ Term Deposit via an authorised ANZ Intermediary (your adviser) where an ANZ Term Deposit or V2 Plus account is already held in the same name and is currently an "Open" Account. On receipt of this application form ANZ will open your new ANZ Term Deposit replicating the details on your existing ANZ Term Deposit or V2 Plus account as advised in section 1. All details from your existing ANZ Term Deposit or V2 Plus account will carry over to your new account (e.g. Account Name, Account Holder Name(s), date of birth, residential/ business/mailing address, phone/fax number(s), details of directors/trustees/partners/ beneficial owners/beneficiaries, Tax File Number (TFN) or ABN/ ACN (if requested)).

In the event any information relating to the Account Holder has changed, or requires updating, (including the Tax Residency Details and Tax Residency Status) the ANZ Term Deposit Application form is required to be completed instead of this form.

TO BE COMPLETED BY INT	ΓERMEDIARY:					
Intermediary			Adviser Full Name			
Intermediary Reference Number			Adviser Email Address			
Internal Account Number (Star, Trading Account No Broker use only)		nly)	Adviser Phone Number			
In relation to this application,	, either					
<ul> <li>personal advice was provi</li> </ul>	ded to the customer; or					
	d that the customer is likely to be ir e warnings were given to the custor				asis that relevant en	quiries were
1. EXISTING ACCOUNT DETA	AILS					
Account Name			BSB Account Number			
For Partnership/Trust/Super Funda	/Company only		Country in which th	ne Partnership/	Trust/Super Fund/Co	ompany
Industry/Nature of Business			was established			
(generates at least 50% of your gross incom business are held in connection with carryin	e OR at least 50% of the assets of the ng on the business identified as the nature of	business)				
2. INVESTMENT DETAILS						
Amount	Investment Term		Customer Rate		Commission	
\$				%p.a.		%p.a.
Account Number to Fund Term D	eposit (Please complete if the Term	n Deposi	t will be funded by ar	n ANZ account)		
	· ·		•			
Vour initial investment will be draw	n from your nominated ANZ accoun	nt on the	dayyour ANZ Torm C	lanasit is anana	d Account names or	a both your
	unt must be identical. Nominated ac					1 DOLLT YOU
Annual Interest Payments						
For investment terms greater than	n 12 months interest will be paid an	inually to	o your nominated AN	Z account		
Account Number						
Instruction on Maturity						
It's important you tell us what to c	do with your funds before maturity	of your <i>i</i>	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.

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☐ Pay to nominated eligible ANZ account. T	o be credited to Account Number
	neligible ANZ account. A nomination of an account which is not an eligible ANZ account will not be to do with your funds (that is, by nominating to pay the funds into an eligible ANZ account or to reinvest), rest rate applicable at the time of reinvestment. This interest rate may be lower than the interest rate that ANZ Term Deposit to confirm:
As per your instructions we will reinvest into a new ANZ Term Deposit for the same t interest rate that applied to your maturing ANZ Term Deposit. You can contact your	erm but at the interest rate applicable at the time of reinvestment. This interest rate may be lower than the Adviser at maturity of your ANZ Term Deposit to confirm interest rates that will apply upon reinvestment.
3. DECLARATION & AUTHORITY	
By signing the declaration and authority:	
	& Transaction Products - Terms and Conditions and ANZ Personal Banking - sking - General Fees and Charges and the Financial Services Guide.
I/We acknowledge that I/we understand the fees and charges tha	at may apply to this account and I/we agree to those fees and charges.
· · · · · · · · · · · · · · · · · · ·	ers and related entities) which are (1) located outside Australia and/or (2) not established 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 authorize ANZ to collect certain inform	ation from you;
• the circumstances in which ANZ may collect your information f	from other sources (including from a third party);
<ul> <li>how to access your information and seek correction of your info</li> </ul>	ormation; and
<ul> <li>how you can raise concerns that ANZ has breached the Privacy</li> </ul>	Act or an applicable Code and how ANZ will deal with these matters.
For more information on how ANZ use and disclose your informa	tion, please refer to your existing product terms and conditions.
I/we understand and agree that all information provided in suppo	ort of this application is true and correct including:
<ul> <li>Where a Partnership/Trust/Super Fund/Company is specified th Nature of Business specified generates at least 50% of the gross</li> </ul>	ne country in which it was established can be relied upon by ANZ and the Industry/s income.
AUTHORISED REPRESENTATIVE/THIRD PARTY SIGN	ATORY (IF APPLICABLE)
Name of authorised representative	Name of authorised third party signatory (if applicable)
Signature of authorised representative	Signature of authorised third party signatory (if applicable)
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
that the authorised representative/third party signatory (if applica This includes authority to make deposits into, and withdrawals fro to view your ANZ Term Deposit account. You also hereby release,	the Intermediary as an authorised representative on your account. You understand able) will have the same level of access to your ANZ Term Deposit Account as you. om, your ANZ Term Deposit account, to provide instructions for reinvestment and discharge and indemnify ANZ from and against all actions, proceedings, accounts, f the authorised representative/third party signatory (if applicable) named above.
Signature of Applicant	Signature of Applicant
Print Name	Print Name
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
Signature of Applicant	Signature of Applicant
Print Name	Print Name
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)