

# Adelaide Cash Management

How to complete the Application Form:

Legend Mandatory Optional Not required

Section	Comments	Individual or joint	Individual/ Joint - Super Fund/Trust	Company	Company - Super Fund/ Trust	Association/ Co-operative	Partnership	Government Body	Estate of the late
	<b>Account name - Example</b>	Mr J Smith	Mr J & Mrs G Smith ATF John Smith Super Fund	Smith Pty Ltd	Smith Pty Ltd ATF John Smith Super Fund	Adelaide Tennis Club	J Smith Trading as ABC Business	ABC Board	Estate of the late Sue Joan Smith
<b>A</b>	<b>Customer details</b> NB: Individual/ Joint/ directors details	Mandatory - Individual(s) details: name, address, contact number and date of birth.	Mandatory - Trustee(s) details: name, address, contact number and date of birth.	Mandatory - Director(s) details: name, address, contact number and date of birth.	Mandatory - Director(s) details - name, address, contact number and date of birth.	Either the chairman, secretary or treasurer to complete: name, address, contact number and date of birth.	Partners to complete name, address, contact number and date of birth.	Authorised officer of the Government Body to complete name, address, contact number and date of birth.	Executors to complete name address, contact number and date of birth.
<b>B</b>	<b>Mailing (postal) address details.</b> NB: This is where correspondence will be sent	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
<b>C</b>	<b>Company/ Sole Trader/ Business details</b>	Not required	Not required	Mandatory - All fields. NB: Only complete shareholders details if applicable.	Mandatory - All fields. NB: Only complete shareholders details if applicable.	Not required	Not required	Not required	Not required
<b>D</b>	<b>Trust/ Superannuation fund details</b>	Not required	All fields mandatory	Not required	All fields mandatory	Not required	Not required	Not required	Estate of the late details to be provided
<b>E</b>	<b>Association/ Co-operative details</b>	Not required	Not required	Not required	Not required	All fields mandatory	Not required	Not required	Not required
<b>F</b>	<b>Partnership details</b>	Not required	Not required	Not required	Not required	Not required	All fields mandatory	Not required	Not required
<b>G</b>	<b>Government Body details</b>	Not required	Not required	Not required	Not required	Not required	Not required	All fields mandatory	Not required
<b>H</b>	<b>Investment details</b> NB: CashCard and Cheque book requests	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory
<b>I</b>	<b>Investment operating instructions details</b>	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
<b>J</b>	<b>Tax file number (TFN) / exemptions details</b>	Individual(s) TFN required	Super fund or Trust TFN required	Company TFN required	Super fund or Trust TFN required	Association or Co-operative TFN required	Partners or Partnership TFN required	Government body TFN required	Estate of the late TFN required
<b>M</b>	<b>Appointment of your Financial Adviser Firm.</b> NB: Indicate what level of authority you wish to provide to your adviser	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.	The customer must sign Section M and must indicate by ticking the applicable box what level of authority they wish to provide to their adviser.
<b>M</b>	<b>Customer signature</b>	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory- All executors must sign
<b>N</b>	<b>Adviser/ KYC details.</b> NB: Adviser to sign indicating KYC completed	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory	All fields mandatory







E: Association/Co-operative

Incorporated Association     Unincorporated Association     Co-operative

Full name of Association/Club/Co-operative

[Grid of 40 empty boxes for full name]

Any identifying number (issued upon incorporation/registration)

[Grid of 20 empty boxes for identifying number]

Principal place of administration or registered office

[Grid of 30 empty boxes for principal place of administration]

Town/Suburb

[Grid of 20 empty boxes for town/suburb]

State

[Grid of 3 empty boxes for state]

Postcode

[Grid of 4 empty boxes for postcode]

**Details of public officer** (or President/Secretary/Treasurer if no Public Officer)

1. Title

[Grid of 4 empty boxes for title]

First name

[Grid of 12 empty boxes for first name]

Middle name

[Grid of 12 empty boxes for middle name]

Surname

[Grid of 20 empty boxes for surname]

Residential address (PO Box is not acceptable)

[Grid of 30 empty boxes for residential address]

Town/Suburb

[Grid of 20 empty boxes for town/suburb]

State

[Grid of 3 empty boxes for state]

Postcode

[Grid of 4 empty boxes for postcode]

Position (eg. Treasurer)

[Grid of 20 empty boxes for position]

**Officer details (or equivalent officers in each case)**

**Chairman**

Title

[Grid of 4 empty boxes for title]

First name

[Grid of 12 empty boxes for first name]

Middle name

[Grid of 12 empty boxes for middle name]

Surname

[Grid of 20 empty boxes for surname]

**Secretary**

Title

[Grid of 4 empty boxes for title]

First Name

[Grid of 12 empty boxes for first name]

Middle Name

[Grid of 12 empty boxes for middle name]

Surname

[Grid of 20 empty boxes for surname]

**Treasurer**

Title

[Grid of 4 empty boxes for title]

First name

[Grid of 12 empty boxes for first name]

Middle name

[Grid of 12 empty boxes for middle name]

Surname

[Grid of 20 empty boxes for surname]

The Chairman, Secretary or Treasurer must complete the individual customer identification requirements, refer to section A.

## F: Partnership

Full name of Partnership

Registered business name of Partnership

Country in which Partnership was established

### Details of Partner(s)

Each Partner must complete the individual customer identification requirements, refer to section A. Where the Partnership is a member of a professional association only one Partner is required to complete the individual customer identification requirements. If there are more than two Partners attach additional page(s).

## G: Government bodies

Full name of Government Body

Address of principal place of operations (PO Box is not acceptable)

Town/Suburb

State

Postcode

Is this Government Body established under legislation of the?

Commonwealth of Australia

Australian State or Territory (please specify)

## H: Investment details

\$  (minimum \$1,000.00) Note: Cash is not accepted

### Transactions Services

If you would like a cheque book would you like?

35 Cheques

75 Cheques

Would you like a Cashcard(s) for each customer?

Please complete the following details if you require a Cashcard(s).

#### Customer 1

Mothers Maiden Name (for security/identification purposes)

#### Customer 2

Mothers Maiden Name (for security/identification purposes)

(If there are more than two applicants please attached details separately)

If you would like to apply for Regular Payments please complete the Regular Payments Application Form in this Product Guide.

I: Investment operating instructions

Please indicate how you wish to operate your account:  Any one of us to sign  All of us to sign

If you select "any one of us to sign", each of you (including any person you appoint as an operator) will be able to transact on or otherwise operate your account independently of the others. If you select "all of us to sign", you will not be able to operate your account using Express Line telephone banking, online banking or using a Cashcard. You can change the account operating authority at any time by written request signed by all account holders.

If you do not select an option we will assume that "any one of us to sign" option will apply.

J: Tax file number collection and exemption

Refer to "How to complete the Application Form" on completing this application

It is not an offence if you decide not to supply us with your tax file number (TFN). However, if you do not supply us with your TFN we will be required to deduct withholding tax from distribution returns paid to you, calculated at the highest marginal tax rate plus the Medicare Levy, and forward it to the Australian Taxation Office.

I  Individual J  Joint P  Partnership C  Company
T  Trust S  Superannuation Fund G  Government Body

Name of customer 1 (or entity)

Grid for Name of customer 1 (or entity)

Tax file number

Grid for Tax file number

Name of customer 2

Grid for Name of customer 2

Tax file number

Grid for Tax file number

If you wish to claim an exemption from quoting a tax file number(s), please indicate the type of exemption you wish to claim.

Age, service, invalid or veteran's pension  Other pension (e.g. wife, carer, widow)  Entity not required to lodge a tax return

If you are a territory resident, we will deduct non-resident withholding tax from distribution returns paid to you providing that you have supplied us with your territory address. If we do not receive your territory address, we will be required to deduct tax from distribution returns paid to you, calculated at the highest marginal rate plus the Medicare Levy.

If you are a territory resident for tax purposes please complete the following.

Territory resident

Address of principal place of operations (PO Box is not acceptable)

Grid for Address of principal place of operations

Town/Suburb

Grid for Town/Suburb

State

Grid for State

Postcode

Grid for Postcode

## K: Your personal information

We, Adelaide Bank, collect your personal information to assess your application and to provide you with the product or service that you have requested. We may also use your personal information to carry out marketing activities, research and product development. 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, to IT providers, to account holders and operators and to your adviser or broker. Your information may also be disclosed to related companies within the Bendigo and Adelaide Bank Group, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. In most cases you can gain access to your personal information. Should you wish to do so, or if you have any queries about your personal information, please contact us.

If you do not wish to receive offers unrelated to your Adelaide Bank product and services, please tick here

## L: Declaration and signatures

I/We the undersigned:

1. Confirm that I/we have received, read and understood the Cash Management Account Product Guide and agree to be bound by it.
2. Apply to open the account described on this application form.
3. I/We authorise Bendigo and Adelaide Bank Limited to provide an adviser, whose details appear on this form (or any new adviser that I/we appoint), with limited access to my account enabling that adviser to access personal or financial information that relates to my/our application or account including copies of documents issued in relation to the account. If the adviser is a company or partnership, I/we authorise Bendigo and Adelaide Bank Limited to provide such information to any officer, employee or partner of the company or partnership.
4. Declare that the details on this application form are true, correct and complete.

## M: Appointment of your financial adviser firm

Would you like to appoint your financial adviser firm whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Limited or Full Access Operator status on your account?

I/we wish to appoint my/our financial adviser firm whose stamp appears on this form to fully operate this account through their partners, officers, employees, agents and service providers.

I/we wish to appoint my/our financial adviser firm to have limited account access. They may receive information online or via the phone but unable to perform any transactions.

### Customer 1:

Full name:

Corporate title (if applicable):

Signature

Date

  -   -    

### Customer 2:

Full name:

Corporate title (if applicable):

Signature

Date

  -   -







### Periodical Payment

Allows you to establish an automatic transfer of a fixed amount from your Adelaide Cash Management Account to an account with another financial institution.

#### Deduct from

Adelaide Cash Management Account number:

Fixed payment amount

\$

Payment commencement date:

-   -

(allow a minimum of 14 days from date of forwarding request to Bendigo and Adelaide Bank Limited)

#### Pay to (the credit account)

Financial institution

Address/Location of financial institution:

BSB number

Account number

-

### Automatic Deduction

Allows you to establish an automatic transfer between your Adelaide Cash Management Account and any Adelaide Bank account.

#### Deduct from

Adelaide Cash Management Account number:

Fixed payment amount

\$

Payment commencement date:

-   -

(allow a minimum of 14 days from date of forwarding request to Bendigo and Adelaide Bank Limited)

#### Pay to

Adelaide Cash Management Account number:

## E: Declaration

I/We authorise Bendigo and Adelaide Bank Limited (User ID Number 027572)/ABN 11 068 049 178 to arrange for funds to be debited/credited from my/our account at the financial institution identified above. I/We acknowledge having received, and agree to be bound by, the terms and conditions contained in the Adelaide Cash Management Account Product Guide.

### Customer 1:

Signature

Date   -   -

### Customer 2:

Signature

Date   -   -

**Note:** This form must be signed by you or your attorney. Authorisation given by companies must be signed in one of the following ways: (i) by two directors of the company (ii) by a director and by a secretary of the company (iii) for a proprietary company that has a sole director who is also the sole company secretary - by the director (iv) by a duly authorised attorney (v) under seal (if required). Accounts held jointly must be signed by, or on behalf of, all account holders.

**Please note:** Whilst every effort has been taken to ensure that this request will be processed by your financial institution, acceptance of this request is at the discretion of the financial institution where your account is currently held.