

Personal Account Application



St.George Bank – A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714.

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Account Number

Date **DD / MM / YY**

Name of Account

Applicant 1 Full Name (include title and first and second names)

JOHN MICHAEL SMITH

Other Names commonly known as (if any)

Home Address (include State and Postcode. If non-resident state overseas address. No PO Box allowed).

LEVEL 1, 6 NAPIER CLOSE

USE THIS ADDRESS →

DEAKIN ACT 2600

Country

AUSTRALIA

Email

john@john.com.au

Marital Status

MARRIED

USE THIS PHONE NUMBER →

Home Telephone

()

Business Telephone

((02) 6260 4460

Mobile Telephone

Facsimile Number

()

Date of Birth

DD MM YY

Occupation

FULBRIGHT SCHOLAR

Password

1234

Applicant 2 Full Name (include title and first and second names)

Other Names commonly known as (if any)

Home Address (include State and Postcode. If non-resident state overseas address. No PO Box allowed).

FILL THIS SECTION OUT IF YOUR PARTNER/SPOUSE SHOULD HAVE ACCESS TO THE ACCOUNG

Country

Email

Marital Status

Home Telephone

()

Business Telephone

()

Mobile Telephone

Facsimile Number

()

Date of Birth

Occupation

Password

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If a Trust Account – complete this section

Full Name of Trust		
Country in which Trust was established	ABN of Trust (if applicable)	
Industry Description	Industry Code	
Type of Trust: (select one)		
<input type="checkbox"/> Private <input type="checkbox"/> Regulated*		
If <u>Private Trust</u> please provide:		
Full Name and Address of Beneficiaries or details of the Class		
Full Name (1)	Residential Address (1)	
Full Name (2)	Residential Address (2)	
Full Name (3)	Residential Address (3)	
Full Name (4)	Residential Address (4)	
Class Details		

*Any trust that is regulated by government legislation, or a Commonwealth Government regulator, or managed investment scheme (regulated by ASIC or strictly wholesale).

Method of Operation (✓)

If more than one Applicant/additional signatory (schedule A) and Method of Operation is not completed – account will be EITHER TO OPERATE

ANY (One/two/etc) of the Applicant/s or Signatories named in Schedule "A" ALL of the Applicant/s and Signatories named in Schedule "A".

OTHER (please specify)

Optional (✓)

INFORMATION AbOuT PROducTs AND sERvicEs

We will use or disclose your personal information to contact you or send you information about other products and services offered by the Westpac Group or its preferred suppliers.

Please tick the relevant box below if you do not wish to receive marketing communications from us. Applicant 1

Applicant 2 Additional signatory 1 Additional signatory 2

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Account Number

Tax file Collection of Tax File Numbers is authorised by law for disclosure to the Tax Office. You do not have to quote your Tax File Number. (Optional)

TFN/ EXEMPT

Please tick if Tax may be taken out of your interest if you don't quote your Tax File Number or an exemption. applicable

NOT REQUIRED

	Applicant 1	Applicant 2	Additional signatory 1	Additional signatory 2
I authorise the Bank to apply my Tax File Number to the specified account(s).	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the Bank to apply the Tax File Number already on file to the above specified Account(s).	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Tax File Number (if applicable).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Privacy Personal information statement We collect personal information from you to process your application, provide you with your product or service, and manage your product or service. We may also use your information to comply with legislative or regulatory requirements in any jurisdiction, prevent fraud, crime or other activity that may cause harm in relation to our products or services and help us run our business. We may also use your information to tell you about products or services we think may interest you. If you do not provide all the information we request, we may need to reject your application or we may no longer be able to provide a product or service to you. We may disclose your personal information to other members of the Westpac Group, anyone we engage to do something on our behalf and other organisations that assist us with our business.

We may disclose your personal information to an entity which is located outside Australia. Details of the countries where the overseas recipients are likely to be located are in our privacy policy.

As a provider of financial services, we have obligations to disclose some personal information to government agencies and regulators in Australia, and in some cases offshore. We are not able to ensure that foreign government agencies or regulators will comply with Australian privacy laws, although they may have their own privacy laws. By using our products or services, you consent to these disclosures.

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in our privacy policy.

Our privacy policy is available at stgeorge.com.au or by calling 13 33 30. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may complain about a breach of the Australian Privacy Principles or a registered privacy code and how we will deal with your complaint;
- how we collect, hold, use and disclose your personal information in more detail.

We will update our privacy policy from time to time.

Other acknowledgments and consents

- We may confirm the details of the information provided in this application.
- Where you have provided information about another individual, you must make them aware of that fact and the contents of the Privacy Statement.
- This application form is not an offer or acceptance of credit.

Your authority to us

By signing this application form you authorise us to collect, maintain, use and disclose your personal information in the manner set out in this privacy statement.

Our reporting obligations

We are required to identify certain US persons in order to meet account information reporting requirements under local and international laws.

If you or (where you are applying on behalf of an entity) the entity and/or any office bearer* of the entity and/or any individual who holds an interest in the entity of more than 25% (a Controlling Person) are a US citizen or US tax resident, you must telephone 1300 663 738 at the time of completing this application. When you contact us you will be asked to provide additional information about your US tax status and/or the US tax status of the entity and/or any Controlling Person which will constitute certification of US tax status for the purposes of this application.

Unless you notify us that you or (where you are applying on behalf of an entity) the entity and/or any Controlling Person are a US citizen or US tax resident as specified above, by completing this application you certify that you or (where you are applying on behalf of an entity) the entity and/or any Controlling Person are not a US citizen or US tax resident.

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Account Number
Privacy If

*Director of a company, partner in a partnership, trustee of a trust, chairman, secretary or treasurer of an association or co-operative.

at any time after account opening, information in statement our possession suggests that you, the entity and/ or (continued) any Controlling Person may be a US citizen or US tax resident, you may be contacted to provide further information on your US tax status and/or the US tax

Definitions

In this section “we”, “our”, “us” means St.George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141.

declaration I/We declare that I/we am/are a resident of Australia. (If not please cross out.) Change of Australian resident status requires notification to the Bank in writing within seven days.

I/We have been given the Terms and Conditions, Fees and Charges and/or Product Disclosure Statements (PDS) applying to this account and agree to be bound by the documents/PDS Terms and Conditions.

I/We understand that I/we may be liable for all government charges payable in relation to this Account.

If I/we am/are applying for a Concession account, I/we authorise the Bank to confirm from time to time with Centrelink, that I/we am/are the holder of a current Government Concession Card and to check with Centrelink that the details I/we give the Bank match with Centrelink records.

I/We have read and understand the Privacy Statement in this form and I/we consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement.

I/We believe the above details to be true and correct. *It is an offence to make a false and misleading statement.*

SIGNATuRE(s) Of APPLicANT(s) all parties to the Account must sign:

Applicant 1

X SIGN HERE

Applicant 2

SIGN HERE IF YOU HAVE A SPOUSE/PARTNER USING THE ACCOUNT

status of the entity and/or any Controlling Person. Failure to respond may lead to certain reporting requirements applying to the account.

“Westpac Group” means Westpac Banking Corporation and its related bodies corporate.

Authority to I/We the person(s) whose signature(s) appear in the operate Declaration below:

(d) to cancel any cheque drawn on the Account(s); and
(e) to request and obtain any or all information relating to the Account(s).

1. Appoint the person(s) whose name(s) and signature(s) appear in “Schedule A” as authorised to sign, subject to the Method of Operation described below, any document required to operate the Account(s) listed in the Account Details section overleaf in my/our name(s), subject to the Terms and Conditions applying to this account, and to deal fully and effectively with the Bank including:

2. Acknowledge that:

(a) to sign and endorse cheques and make withdrawals;
(b) to authorise periodical payments and direct debits;

(a) any liability in connection with the operation of the Account(s) generally is joint and several;
(b) this authority shall remain in force until the Bank receives written notice of its cancellation; and
(c) the Bank is released from liability for loss or damage caused by persons authorised to sign by this Authority except for loss or damage arising from fraudulent conduct by the Bank’s agents or employees.

(c) to operate and enter into agreements to operate on the Account(s) in any way permitted by the Bank including transactions by electronic, mechanical and other means;

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Account Number
schedule A –

Additional signatures/

Full name of signatory 1 (please print) JOHN MICHAEL SMITH		Full name of signatory 2 (please print) MARY JANE SMITH	
Other names commonly known by (if any) _____		Other names commonly known by (if any) _____	
Address (PO Box not allowed) LEVEL 1, 6 NAPIER CLOSE		Address (PO Box not allowed) LEVEL 1, 6 NAPIER CLOSE	
DEAKIN ACT	Country AUSTRALIA	DEAKIN ACT	Country AUSTRALIA
Date of Birth DD / MM / YY	Marital Status MARRIED	Date of Birth DD / MM / YY	Marital Status MARRIED
Home Phone 02 6260 4460	Work Phone _____	Home Phone 02 6260 4460	Work Phone _____
Signature X SIGN HERE OfficE uSE ONLY		Signature X SIGN HERE OfficE uSE ONLY	
CIS Number _____		CIS Number _____	
<input type="checkbox"/> Yes, KYC ID held		<input type="checkbox"/> Yes, KYC ID held	
Account No. _____		Account No. _____	

Third Party/
Power of
Attorney

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Account Number

Office use Only

Term deposit details

Maturity Date	Interest Instructions:	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="text"/>
<input type="text"/>		Reinvest at Maturity	Pay by Cheque	Credit following A/C		
Interest Rate		Principal Reinvested At Maturity		Interest Payment frequency		<input type="text"/>
<input type="text"/>						

Linked Account details

Link the card(s) specified below to Account Number(s)

Applicant 1 Card Number Applicant 2 Card Number

Account details

Account Number	<input type="text"/>	Type	<input type="text"/>
Account Number	<input type="text"/>	Type	<input type="text"/>

Incorporating verification statement. forward to Image Management in Red satchel.

Customer Identification Form (CIF)



St.George Bank – A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Information Required

Individual Customers must complete section 1, 3 and 4

Sole Traders must complete sections 1, 2, 3 and 4

Section 1 Details of Individual to be identified (Individual Customers and Sole Traders)

CIS No. (if known)	Account number (if known)	Account Name

Individual (name in full) **JOHN MICHAEL SMITH** Date of birth **DD MM YY** Gender **M**

Are you known by any other names? If yes, please specify all names (use a separate sheet if required)
 Yes No

Residential address (PO Box not allowed)
LEVEL 1, 6 NAPIER CLOSE, DEAKIN ACT 2600

Employment Type: Please select the employment type that reflects your current situation best.

<input type="checkbox"/> Casual	<input type="checkbox"/> Other	<input type="checkbox"/> Social Security Recipient
<input type="checkbox"/> Dependant Contractor	<input type="checkbox"/> Part Time	<input type="checkbox"/> Student
<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Temporary
<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed

Occupation
FULBRIGHT SCHOLAR

Purpose of business relationship: This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all of these reasons below.

<input checked="" type="checkbox"/> Transactional	<input type="checkbox"/> Long Term Borrowing	<input type="checkbox"/> Financial Markets
<input type="checkbox"/> Savings	<input type="checkbox"/> Protection	<input type="checkbox"/> Correspondent Banking
<input type="checkbox"/> Short Term Borrowing	<input type="checkbox"/> Wealth	<input type="checkbox"/> Additional information (please specify)

Source of Funds: This refers to the origin of the funds that are the subject of the business relationship between you and us. Please note that many customers have multiple sources of funds. Please indicate all sources of funds below.

<input checked="" type="checkbox"/> Salary/Wages	<input type="checkbox"/> Superannuation/Pension	<input type="checkbox"/> Redundancy
<input type="checkbox"/> Commission	<input type="checkbox"/> Loan	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Bonus	<input type="checkbox"/> Insurance/ payment	<input type="checkbox"/> Gift/Donation
<input type="checkbox"/> Business earnings	<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Windfall
<input type="checkbox"/> Business profits	<input type="checkbox"/> Government benefits	<input type="checkbox"/> Tax refund
<input type="checkbox"/> Investm income/earning	<input type="checkbox"/> Sale of assets	<input type="checkbox"/> Additional Sources (please specify)
<input type="checkbox"/> Rental income	<input type="checkbox"/> Liquidation of assets	

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Information Required

Individual Customers must complete section 1, 3 and 4

Sole Traders must complete sections 1, 2, 3 and 4

Section 1 Source of Wealth: This refers to the origin of your total net assets/total net worth. Please note that many customers (continued) will have multiple sources of wealth. Please indicate all sources of wealth below.

<input checked="" type="checkbox"/> Employment income/earnings	<input type="checkbox"/> Superannuation/Pension	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Redundancy	<input type="checkbox"/> Insurance payment	<input type="checkbox"/> Gift/Donation
<input type="checkbox"/> Business income/earnings	<input type="checkbox"/> Compensation payment	<input type="checkbox"/> Windfall
<input type="checkbox"/> Business profits	<input type="checkbox"/> Government benefits	<input type="checkbox"/> None
<input type="checkbox"/> Investment income/earnings	<input type="checkbox"/> Owns real estate/property	<input type="checkbox"/> Additional Sources (please specify)
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Sale of assets	
	<input type="checkbox"/> Liquidation of assets	

Section 2 Details to be completed by Sole Traders only	Full Business/Trading Name _____	ABN (if any) _____
	Full address of the principal place of business (PO Box not allowed) (if any) _____	
	Business Classification (ANZSIC) _____	

Yes No

Section 3

Foreign Tax Are you a tax resident for any other country outside of Australia?

Residency If yes please indicate the country(ies) in which you are a resident for tax purposes and each country's associated Tax Information Identification Number (TIN)*.

If a 'TIN' is not available, please select one of the reasons against the appropriate country:

* A foreign TIN is an identifying number or equivalent issued by the individual country of tax residency that is used for tax purposes. NOTE: If you have more than 3 countries in which you are a tax resident, please photocopy this section to provide more details.

Country	Tax Identification Number (TIN)	Reason (if a TIN not available)
USA	1234567	<input type="checkbox"/> Foreign TIN not issued by this country <input type="checkbox"/> Individual is underage (applies to individuals only) <input type="checkbox"/> Foreign TIN pending issue by the countries tax authority
		<input type="checkbox"/> Foreign TIN not issued by this country <input type="checkbox"/> Individual is underage (applies to individuals only) <input type="checkbox"/> Foreign TIN pending issue by the countries tax authority
		<input type="checkbox"/> Foreign TIN not issued by this country <input type="checkbox"/> Individual is underage (applies to individuals only) <input type="checkbox"/> Foreign TIN pending issue by the countries tax authority

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Sole Traders must complete sections 1, 2, 3 and 4

Section 4 Information Required: Certifiers must complete the reverse of this form and certify legible copies of either: One Document from Group 1 or One document from Group 2 and one other document from Group 3

- Group 1** – Australian Passport (current or expired by less than 2 years).
- Primary Foreign passport issued by a foreign government, the United Nations or an agency of the United Nations.
- Photographic Foreign Travel document issued by a foreign government, the United Nations or an agency of the United Nations.
- Identification Australian licence/permit.
- Documents Foreign driver's licence which contains a photograph.
- Proof of age card issued by State or Territory.
- National Identity card issued by a foreign government, the United Nations or an agency of the United Nations.

- Group 2** – Australian Birth Certificate or extract.
- Primary Foreign Birth Certificate.
- Non- Citizenship Certificate - Australian.
- Photographic Citizenship Certificate - Foreign.
- Identification Centrelink Pension Card.
- Documents

- Group 3** – Notice of Financial Benefits issued by a Commonwealth or State/Territory Department (less than 12 months old).
- Secondary Notice issued by the Australian Taxation Office (issued in the last 12 months).
- Identification Notice issued by a Local Government Body or Utilities Provider (less than 3 months old).
- Documents Foreign driver's licence which does not contain a photograph.
- Department of Veteran's Affairs pension card.
- Tenancy/lease agreement (must be current).
- Medicare Card
- Australian Marriage Certificate
- Student ID card issued by an Australian tertiary institution (TAFE or University).
- Notice issued by the principal of a school (less than 3 months old, must include the name of the customer, residential address, period of school attendance & be issued on a school letterhead).
- A current card issued under Commonwealth, State or Territory law for the purpose of identification for a government service or as a licence.

- Special Certificate of Identity issued by the Australian Government.
- Provisions Convention Travel Document (Titre de Voyage or equivalent) issued by the Australian Government.
- for Refugees only, either of the following documents

Customer Identification Form (CIF)



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Information Required

Individual Customers must complete section 1, 3 and 4

Sole Traders must complete sections 1, 2, 3 and 4

Signature of Individual (name in full)

Individual's Signature

Individual to be identified

JOHN SMITH

X **SIGN HERE**

Certifier's Note to Certifier: Please ensure copies are legible and record the following on each copy of the identification **Details and Declaration** provided. "This is a true copy of an original or certified copy document provided"; then print and sign your name, date and Qualification No. (if applicable) and also provide your details below so that we may contact you if necessary to confirm this information. **Certifier's Declaration**

I certify that:

1. The person named above signed this form in my presence.
2. I sighted originals of the documents noted on reverse of form.
3. I am satisfied that the documents produced were genuine and that to the best of my knowledge they confirm the name, address and/or date of birth of the person named above.

Category No. of acceptable certifier (see list below)

Qualification No. (if applicable)

NOT REQUIRED

Full Name of Certifier

Title

First Name

Family Name

Residential address –PO Box not allowed

Daytime Contact Number

Country Code

Area Code

Number

Signature

X

Our reporting We are required to identify tax residents of a country(ies) other than Australia in order to meet account information **obligations** reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the entity and/or any individual who holds ownership and/or control in the entity of 25% or more (controlling person/beneficial owner) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any controlling person/beneficial owner. Failure to respond may lead to certain reporting requirements applying to the account.

By completing this application you certify that if at any time there is a change to the foreign tax status details for you, the entity and/or any controlling person/beneficial owner, you will inform the bank. You will also certify that at any time there is a change of a controlling person/s/beneficial owner/s in your entity you will inform the bank.

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Information Required

Individual Customers must complete section 1, 3 and 4

Sole Traders must complete sections 1, 2, 3 and 4

A controlling person/beneficial owner refers to the individuals(s) that directly or indirectly owns a legal interest in

the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a trust, a controlling person/beneficial owner includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies), or classes of beneficiaries and in the case of an entity other than a trust, the term includes person in equivalent or similar positions.

Privacy Our privacy policy is available at stgeorge.com.au or by calling 13 33 30, and covers how we handle your personal **Statement** information.

Categories of 1.

A person enrolled on the Roll of the Supreme Court of a

acceptable certifiers State or Territory, or the High Court of Australia, as a legal practitioner (however described).

2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A notary public (for the purposes of the Statutory Declaration Regulations 1993).
7. A police officer.
8. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
9. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years of continuous membership.
10. An officer with two or more years of continuous service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993).
11. A Justice of the Peace.
12. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.
13. A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.

14. A finance company officer with two or more years of continuous service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993).
15. An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees.
16. Any person specifically appointed as our agent to certify identity.
17. A Commissioner of Declarations.
18. A Commissioner of Affidavits. Note: Non-residents – certification by the following acceptable certifiers – categories numbered 2, 3, 5, 6, 17 and 18 as equivalent within the certifier's country of residence.

Branch/Office Use Only

Employee Name	Employee No.	Branch Name	Branch No.	Signature
				X