

APPLICATION FOR NEW NON PERSONAL DEPOSIT ACCOUNT



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W bcu.com.au

MEMBERSHIP DETAILS

Member Number: _____
Non Personal Name: _____
Entity Type: _____ ABN/ACN (if applicable): _____
Business Address: _____
Suburb _____ State _____ Postcode _____
Postal Address: _____
Suburb _____ State _____ Postcode _____
Email Address _____
Phone (work) _____

NEW ACCOUNT TO BE OPENED

Product/s requested:

Business Access

Business Basic Access

Business iSaver (can only be accessed through online banking)

Access Account (can only be opened with Estate of the Late membership)

Bonus Saver

Power Saver

Method of Operation

☐ Any to sign ☐ All to sign

☐ Any to sign ☐ All to sign

☐ Any to sign ☐ All to sign

☐ Any to sign ☐ All to sign

☐ Any to sign ☐ All to sign

☐ Any to sign ☐ All to sign

If a method is not selected we will consider the method of operation for this account to be "any to sign".

TRANSFER OF INTEREST PAYMENTS TO AN ACCOUNT

Transfer to: Account Number _____
Account Name _____

**You may nominate a BCU Bank account for interest to be transferred from your Power Saver account only. Any interest you earn on your Power Saver account will be paid directly into your nominated bank account. If you are eligible for both standard and bonus interest, the full combined amount will be credited in one payment.*

CARD REQUEST

☐ I/We request that BCU Bank issue authorised person/s _____
who is linked to the account to have Visa Debit Card access.

Embossing name for card requested as _____

*Please be advised that the embossing will only allow up to 19 characters including spaces.

A card can only be issued when the method of operation is any to sign.

IMPORTANT INFORMATION:

You acknowledge that by signing this form, you have received a copy of the following documents and have read, understood and accept the:

- Savings Accounts & Account Access Channels Terms & Conditions
- Savings and Transaction Account Interest Rates
- Fees & Charges
- VISA Debit Card Terms & Conditions
- Privacy Statement and Consent
- Financial Services Guide

Note: Your application for a Savings or Transaction Account cannot be completed until this form is signed and returned to us. Please complete and sign this form and return to BCU Bank, at any of one of our branches or by email* to your consultant.

*If you choose to email a copy of any documentation to us, you do so at your own risk. As emails are an unsecured method of communication, there is a risk your email could be viewed by others if it is intercepted or sent to an incorrect email address, and BCU Bank assumes no responsibility for this. If you have concerns about emailing information to us, please return this form by other means.

TAX RESIDENCY

Please provide us with details about your residency status for taxation purposes. This will help us comply with our obligations under taxation laws including the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Financial institution requirements

Financial Institution means a Custodial Institution, Authorised Deposit Taking Institution or an Insurance Company. Is the entity a Financial Institution?

☐ Yes (refer to Operations Support) ☐ No (continue)

Passive entity requirements

Does the entity earn more than 50% of its gross income from interest, rent, dividends, distributions or royalties; OR use more than 50% of its assets to generate such income?

☐ Yes (continue) ☐ No (go to FATCA Declaration)

Controlling Persons

Controlling Persons under the FATCA and CRS regimes is any natural person who exerts control over the entity. This includes partners, members, directors, beneficiaries and anyone person who owns 25% or more in the entity, whether individually or through a controlling entity.

Controlling Person 1

First name _____

Surname _____

Controlling Person 2

First name _____

Surname _____

Controlling Person 3

First name _____

Surname _____

Controlling Person 4

First name _____

Surname _____

Each Controlling Person will be required to provide self-certification as part of their membership application.

By signing this form I/we certify that all the information provided is true and correct and I/we will as soon as practicable notify the Bank if there is any change in circumstances that cause any information provided here to become incomplete or inaccurate.

☒

Signature 1

Name _____

Date _____

☒

Signature 2

Name _____

Date _____

Note: Information is requested about tax residency of other countries in order to help us comply with taxation laws including CRS and FATCA, non-resident withholding tax and Anti-Money Laundering identification.

AUTHORITY

By signing below, I authorise and request BCU Bank to open an account and/or issue me/us with the card(s) to operate the requested account(s) (if applicable) listed in my/our application. I/we confirm I/we agree to the Privacy Statement and Consent below.

X

Signature 1

Name _____

Date _____

X

Signature 2

Name _____

Date _____

PRIVACY STATEMENT AND CONSENT

In this statement, personal information includes information such as your name, contact details, date of birth, it may also include information about you that is publicly available.

You agree that personal information you supply to Police & Nurses Limited (BCU Bank) as part of this application may be held and used by us to assess and process the application, execute your instructions, comply with legislative or regulatory requirements and contact you, if necessary, to complete your application and advise you of other products and services that may be of interest to you unless you ask us not to.

When you give us personal information about another person you represent that you are authorised to do so and agree to inform the person who we are, that we will use and disclose the information for the relevant purpose, that they can access the information we hold about them and of the contents of this Privacy Statement and Consent.

We are required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to collect information to identify you. Without your information we may not be able to process your request. We are permitted to collect, but you are not required to provide, your Tax File Number under the *Taxation Administration Act 1953* and the *Income Tax Assessment Act 1936*. Information is requested about tax residency of other countries in order to help us comply with taxation laws including Common Reporting Standards, Foreign Account Taxation Compliance Act and non-resident withholding tax.

You agree we may collect personal information about you from, and/or disclose it to, financial institutions, credit reporting bodies (CRBs), our related bodies corporate, agents and contractors, organisations for verifying your identity, your agents, law enforcement, regulatory and government bodies, payment system operators, your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions

Further, to enable us to verify your identity, we may disclose your name, date of birth and residential address to a CRB for the purpose of obtaining an assessment of whether that personal information matches information held by the CRB. You agree to us requesting, and providing your personal information for, such as assessment.

The CRBs we use include Equifax (equifax.com), Experian (experian.com.au) and illion (illion.com.au) and you can find their privacy policy and contact details by visiting their website.

We may disclose your personal information to our systems support and administrative service providers located overseas. The BCU Bank Privacy Notice and Consent - countries to which this information may be disclosed may include the Philippines, Netherlands, the United States of America and the United Kingdom.

You have rights to access and seek correction of personal information we hold about you, in accordance with the *Privacy Act 1988* and make a complaint about a breach of your privacy rights, by contacting our Member Advocate on 1300 228 228 or mail@bcu.com.au.

Our Privacy Policy contains information about how you may do these things and how we deal with complaints. Our Privacy Policy is available at bcu.com.au.

OFFICE USE ONLY

☐ Cards ordered (only available if "one to sign")

Disclosure documents issued:

- ☐ Financial Services Guide
☐ Savings Accounts & Account Access Channels Product Disclosure Statement
☐ Investment & Savings Rates Schedule
☐ Card Product Disclosure Statement
☐ Advise Internet Banking Product Disclosure Statement is available online

Method of disclosure ☐ handed ☐ posted ☐ emailed

Actions checklist:

- ☐ Membership opened
☐ Accounts opened
☐ Signatories linked
☐ TFN loaded (if applicable)
☐ Opening deposit processed

Application supporting documents: (if applicable)

- ☐ Company Extract
☐ Australian Business/Company Registration Certificate
☐ Confirm Business has a "registered" status
☐ Business Name Extract
☐ Will/Probate/Admin
☐ Copy of rules/constitution
☐ Trust Deeds
☐ Copy of minutes
☐ Death Certificate
☐ Other _____
☐ All documents used to verify information scanned to the Vault

FATCA:

- ☐ Passive entity status recorded on business membership
☐ FATCA status recorded for any U.S. Controlling Persons

Name _____

Position _____ Operator Number _____

Signature _____ Date _____

Documentation checked and opening of membership approved by:

Name _____

Position _____ Operator Number _____

Signature _____ Date _____

Branch stamp

Branch stamp

This form must be signed by the staff member responsible for the completion of the checklist prior to it being scanned to the Vault.