

# FOREIGN TAX CERTIFICATION



**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](http://bcu.com.au)

## Please note the following:

BCU Bank needs to verify whether you are a citizen or resident of another country for tax purposes, or if the entity is a Passive Non-Financial Entity or Financial Institution. All account owners must complete and sign the Foreign Tax Certification form. For a joint account, all account owners must sign, for a non personal entity, one person who has effective control over the entity can sign (e.g. company CEO, director, trustee, ultimate beneficial owner).

## SECTION A - ACCOUNT NAME

Account Name \_\_\_\_\_

- Please select one:
- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Individual / Joint Account | Go to section B |
| <input type="checkbox"/> Non Personal Accounts      | Go to section C |

## SECTION B - INDIVIDUAL / JOINT ACCOUNT

- Are you or any of the joint applicants US citizens or residents of the U.S. for tax purposes?

<input type="checkbox"/> No	Go to question 2
<input type="checkbox"/> Yes	Go to section D
- Are you a resident for tax purposes of another country?

<input type="checkbox"/> No	Go to section E
<input type="checkbox"/> Yes	Go to section D

## SECTION C - NON PERSONAL ACCOUNTS

- Is the entity a financial institution?

Financial Institution means a Custodial Institution, Authorised Deposit Taking Institution or an Insurance Company.

<input type="checkbox"/> No	Go to question 2
<input type="checkbox"/> Yes	Refer to Retail Operations
- 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?

<input type="checkbox"/> No	Go to section E
<input type="checkbox"/> Yes	Go to question 3
- Are any of the individuals who exercise control over the entity (e.g. company CEO, director, ultimate beneficial owner)?
  - US citizens or residents of the U.S. for tax purposes?

<input type="checkbox"/> No	Go to question b
<input type="checkbox"/> Yes	Go to section D
  - A resident for tax purposes of another country?

<input type="checkbox"/> No	Go to section E
<input type="checkbox"/> Yes	Go to section D

---

## SECTION D - FOREIGN TAX RESIDENT/CONTROLLING PERSON

Provide the below details for every individual who is a citizen or resident of another country for tax purposes.

### Signatory 1

Title \_\_\_\_\_ Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Details of country(s) where tax resident \_\_\_\_\_

Foreign Taxpayer Identification Number (TIN) \_\_\_\_\_

### Signatory 2

Title \_\_\_\_\_ Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Details of country(s) where tax resident \_\_\_\_\_

Foreign Taxpayer Identification Number (TIN) \_\_\_\_\_

(If more space is required, please copy and attach)

---

## SECTION E - DECLARATION

By signing this form, I/we declare:

- The information provided by me/us is true and correct and may be used by BCU Bank to undertake any action to comply with any applicable regulations;
- The information provided by me/us may be disclosed to any other person, including persons and bodies located overseas to enable it to be reported and used in compliance with the relevant applicable regulation;
- In this form 'applicable regulation' means all laws, rules, regulations and other legal requirement(s) in force from time to time in Australia and in any jurisdiction worldwide. These include, without limitation, the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS);
- I/we will promptly notify BCU Bank and provide it with any changes to the information provided that would render the information in this form incorrect or unreliable.

☒

Signature 1

Name \_\_\_\_\_

Date \_\_\_\_\_

☒

Signature 2

Name \_\_\_\_\_

Date \_\_\_\_\_

If signing on behalf of the entity, provide your position \_\_\_\_\_

NOTE: If there are more than 2 joint account owners, please copy and attach section/s.

---

## OFFICE USE ONLY

☐ Information provided is reasonable considering the documentation and other information provided

Officer \_\_\_\_\_ Staff no. \_\_\_\_\_ Signature \_\_\_\_\_

☐ Input to system RIM \_\_\_\_\_ Date \_\_\_\_\_