

MEMBERSHIP REQUEST FORM FOR BUSINESS/ ESTATE/TRUST ACCOUNTS (NON-PERSONAL)



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

Member number _____

Organisation type ☐ Company ☐ Estate ☐ Society ☐ Trust ☐ Super
☐ Trading as ☐ Partnership ☐ Incorporated body ☐ Unincorporated body

MEMBERSHIP APPLICATION

If returning this by mail, please contact BCU Bank regarding supporting documentation and signatory identification requirements.

Certified copies of requested documents to be provided by applicant/s (or original documents presented in person).

Company/Business/Estate/Trust name _____

ABN _____ ACN _____

Type/Nature of business _____

Registered business name trading as (if any) _____

Contact details (Primary contact) _____

Phone: Work hours _____ After hours _____ Fax _____

Email _____

Principal place of business (PO Box is not acceptable)

Suburb _____ State _____ Postcode _____

Postal address

Suburb _____ State _____ Postcode _____

Registered office address (company only)

Suburb _____ State _____ Postcode _____

Which of the following encouraged you to join BCU Bank:

☐ existing member ☐ advert: _____ ☐ family/friend ☐ referral broker
☐ referral staff member ☐ workplace visit ☐ walk in ☐ other _____

BUSINESS TAX FILE NUMBER

Quotation is not compulsory but tax may be taken out of the applicant's interest if the tax file number is not quoted or evidence of exemption is not provided. Please ensure the organisation's tax file number is quoted to avoid withholding tax being levied. Business tax file number _____

SECTION 1 – PERSONS AUTHORISED TO OPERATE

Note: an Authority to Operate Form must be completed for any person who is not the registered owner or trustee in addition to the below details.

Signatory 1

Position in organisation (Director/Trustee/Settlor etc.)

Member number _____

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Signatory 3

Position in organisation (Director/Trustee/Settlor etc.)

Member number _____

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Signatory 2

Position in organisation (Director/Trustee/Settlor etc.)

Member number _____

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Signatory 4

Position in organisation (Director/Trustee/Settlor etc.)

Member number _____

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

SECTION 2 – DETAILS OF DIRECTORS (COMPANY ONLY)

Number of Directors _____

Director 1

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Director 3

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Director 2

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Director 4

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable)

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

(If there are more directors please provide details on an additional sheet)

Secretary's Details

First name _____ Surname _____ Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____ State _____ Postcode _____ Country (if not Australia) _____

SECTION 3 - BENEFICIAL OWNER/SHAREHOLDERS

(Please provide details of ALL shareholders who own 25% or more of the issued shares in the company, both individual and entity)

Shareholder 1

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Shareholder 3

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Shareholder 2

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Shareholder 4

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

SECTION 4 - SETTLOR/APPOINTOR (TRUST ONLY)

Settlor/Appointor 1

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

Settlor/Appointor 2

First name _____

Surname _____

Date of birth _____

Residential address (PO Box is not acceptable) _____

Suburb _____

State _____ Postcode _____

Country (if not Australia) _____

SECTION 5 - SOURCE OF WEALTH AND FUNDS

Please provide details in relation to the following two important pieces of information in relation to how your business and accounts will be operated:

Source of Wealth (where have the assets/wealth of the business come from? e.g. property sales, superannuation, investments, accumulated business profits, etc)

Source of Funds (where will the account funds be coming from in order to operate the account and fund any transactions that may be made? e.g. business day to day takings, from a term deposit held at another Bank, etc)

PRIVACY STATEMENT AND CONSENT

This Statement explains how BCU Bank and its related bodies corporate (“we/us/our”) collect, use and disclose personal information and send communications about products and services. Personal information is any information or opinion about an identified individual, or an individual who is reasonably identifiable. Your personal information includes information such as your name, contact details and your interactions with us (such as transactions on your account). It may also include information about you that is publicly available.

Providing information about another person

When you give us personal information about another person, you represent that you are authorised to do so and agree to inform that person of the contents of this Statement as it relates to them.

Purposes for which we collect and use personal information

We collect your personal information to: assess and process a membership request, an application for any product or service that you make or for which you are a signatory, or representative; manage our relationship with you; for internal processes including product development, strategic planning, risk management and pricing; to meet our obligations in relation to external payments, credit reporting systems, government bodies and our funding arrangements; comply with regulatory requirements; identify and (unless you tell us not to) tell you about products and services (including products and services of third parties) that may interest you. The information we collect about you may also include sensitive information where we collect it for a specific purpose. If you use our website we may collect information about your location or activity (including whether you have accessed third party sites) to customise your experience. We also collect your information to identify you in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. 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. You consent to us collecting your personal information (including sensitive information) for the purpose described above. Without your information we may not be able to provide you with the services or products you require. Unless you tell us not to, by accepting the terms of this Statement, you consent to us using your personal information (including information collected from others) to advertise or promote products, services, or business or investment opportunities we think may interest you, including by:

- contacting you by telephone (notwithstanding registration at any time of your telephone number on the Do Not Call Register) or writing to you; and
- sending commercial electronic messages to any electronic address which you provide or for which you are responsible (and in that regard you warrant that you have authority, either as or on behalf of the electronic account holder, to provide this consent and agree that until you withdraw your consent by providing written notice to us or using an unsubscribe facility in the message, we may continue to send commercial electronic messages to those addresses).

You can ask us not to contact you about products and services and not to disclose your information to others for that purpose by calling us on 1300 228 228.

Exchange of personal information and transfer overseas

We may exchange personal information about you with: other persons to verify that it is correct (for example with your employers); our related bodies corporate, assignees, agents, contractors and external advisers; organisations for verifying your identity; your agents, advisers, executors, administrators, trustees, beneficiaries (if you are a trustee), guardians or attorneys; law enforcement, regulatory and government bodies; anyone who introduces you to us; reward program providers, third parties providing fraud detection services; payment system operators; your and our insurers or prospective insurers and their underwriters; any person we consider necessary to execute your instructions; persons with whom you make a joint application for a product or service provided by us; any financial institution to or from which a payment is made in relation to any account you have or operate; financial institutions, and debt collecting agencies. We may disclose your personal information to our systems support and administrative service providers located overseas. The countries to which this information may be disclosed may include the Philippines, Netherlands and the United Kingdom.

Further Information

You have rights to access and seek correction of personal information we hold about you, and our Privacy Policy contains information about how you may do this, how you may make a complaint about a breach of your privacy rights, and how we deal with complaints. You can also contact the Member Advocate on 1300 228 228 or at mail@bcu.com.au. See our Privacy Policy on our website bcu.com.au for more information

Declaration

☐ By ticking this box and signing below I/we declare that the information in this application is true and correct and agree to be bound by the Terms and Conditions for any account, product or service.

☐ By ticking this box and signing below I/we agree to the terms of this Privacy Statement and Consent to Use Your Information, and I/we consent and agree to BCU Bank collecting, using, exchanging and transferring overseas, my/our personal information as described and as set out in BCU Bank Privacy Policy.

☐ By ticking this box and signing below I/we hereby apply for a share to become a member of BCU Bank.
I/we understand that if I/we become a Member, I/we will be bound by the Constitution of Police & Nurses Limited (BCU Bank).

Legal Owner/s of entity only to sign

Declaration is to be signed by 2 Directors or 1 Director with 1 Secretary, or by Sole Director/Secretary if Company has only 1 Director/Secretary.

X

Signature 1

Name _____

Date _____

X

Signature 2

Name _____

Date _____

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 Retail Operations) ☐ 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 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 _____

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.

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 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 here to become incomplete or inaccurate.

X

Signature 1

Name _____

Date _____

X

Signature 2

Name _____

Date _____

ADMINISTRATION

Savings accounts opened method of operation

_____	<input type="checkbox"/> one to sign	<input type="checkbox"/> two to sign	<input type="checkbox"/> other _____
_____	<input type="checkbox"/> one to sign	<input type="checkbox"/> two to sign	<input type="checkbox"/> other _____
_____	<input type="checkbox"/> one to sign	<input type="checkbox"/> two to sign	<input type="checkbox"/> other _____

Investments opened method of operation

_____	<input type="checkbox"/> one to sign	<input type="checkbox"/> two to sign	<input type="checkbox"/> other _____
_____	<input type="checkbox"/> one to sign	<input type="checkbox"/> two to sign	<input type="checkbox"/> other _____

Investment account disclosure recorded on Term Deposit Application/Rollover Instructions Form ☐ yes ☐ no

OFFICE USE ONLY

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

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

Note: Internet Banking is only available to accounts that are one to sign.

Method of disclosure ☐ handed ☐ posted ☐ emailed

Actions checklist:

- | | |
|--|---|
| <input type="checkbox"/> Membership opened | <input type="checkbox"/> Compliance Relationships identified and loaded (e.g. Beneficial Owner, Director, Appointor, Settlor) |
| <input type="checkbox"/> Accounts opened | <input type="checkbox"/> Opening deposit processed |
| <input type="checkbox"/> Signatories linked | <input type="checkbox"/> ABN loaded |
| <input type="checkbox"/> TFN loaded | <input type="checkbox"/> Share account opened |
| <input type="checkbox"/> e-statements registered (if applicable) | <input type="checkbox"/> Internet Banking activated |

Application supporting documents:

- | | |
|--|---|
| <input type="checkbox"/> Company Extract | <input type="checkbox"/> Australian Business/Company Registration Certificate |
| <input type="checkbox"/> Confirm Business has a "registered" status | <input type="checkbox"/> Business Name Extract |
| <input type="checkbox"/> Will/Probate/Admin | <input type="checkbox"/> Copy of rules/constitution |
| <input type="checkbox"/> Trust Deeds | <input type="checkbox"/> Copy of minutes |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Other |
| <input type="checkbox"/> 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 _____

Branch stamp

Documentation checked and opening of membership approved by:

Name _____
Position _____ Operator Number _____
Signature _____ Date _____

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.

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