

# Term deposit application - non-individual

This application form is for non-individuals who wish to open a term deposit. If the non-individual is not already a member or customer of the Bank, the 'Non-individual members, customers and associated individuals' form will also need to be completed along with the other components of that process. For terms and conditions, refer to Conditions of use Accounts and access available on our website.

## Details of Entity

**Contact Person** (The contact person must be one of the individuals with Authority to operate on the Account)

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<input type="text"/>	Member/Customer Number
Given names	<input type="text"/>	
Last name	<input type="text"/>	
Home phone	Work phone	Mobile phone
Email <input type="text"/> @ <input type="text"/>		

## Non-Individuals

Full name of company, registered co-operative, government body, association or partnership

Full trading name of company, registered co-operative, government body, association or partnership

N/A

Full name of trust or superannuation fund of which company is the trustee

N/A  Trust  Superannuation Fund

Full trading name of the trust of which company is the trustee

N/A

Member/Customer no of entity in whose name term deposit will be

## Individuals as trustee and Trust or Superannuation Fund

Full name of individual who is a trustee of trust or superannuation fund

Trustee 1

Trustee 2

Trustee 3

Full name of trust or superannuation fund

Trust  Superannuation Fund

Full trading name of the trust of which individual is the trustee

N/A

Member/Customer no of entity in whose name term deposit will be

## What are your term deposit details?

I/We confirm that I am/we are, pursuant to a resolution (a copy of which is provided) of the Board, the Governing Committee or the Trustee of the entity authorised to open this term deposit on behalf of the entity.

Full name of entity	Member/Customer no
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Term deposit for  months

Enclosed is a cheque for

Transfer funds  from its account no.

Total investment

### Instructions for INTEREST (tick one)

- Pay the monthly interest to the account nominated below
- For term deposits with a term over 12 months**, pay the annual interest to the account nominated below
- For term deposits with a term over 12 months**, add the annual interest to the principal and reinvest for the remaining term
- At maturity, add the interest to the principal and reinvest
- At maturity, transfer the interest to the account nominated below.

### Instructions for PRINCIPAL at maturity (tick one)

- Reinvest the principal for the same term at the applicable rate of interest.  Transfer the principal to the account nominated below

### Details of nominated account to which principal and/or interest is to be transferred?

BSB	Account no
Account name	Name of institution

**Warning:** Some financial institutions may process transactions by BSB and account number or account number only without checking the account name. Please carefully check these details, as you may not be able to recover an incorrect payment.

### Details of Individuals with Authority to Operate on Account

Each individual must have been authorised by the entity to operate on the account, completed an Authority to Operate with the Bank and been identified to the Bank's satisfaction.

#### First individual with Authority to Operate

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other	<input type="text"/>	Member/Customer Number
Given names	Last name	
Home phone	Work phone	Mobile phone
Email @		
Signature	Date	

#### Second individual with Authority to Operate

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other	<input type="text"/>	Member/Customer Number
Given names	Last name	
Home phone	Work phone	Mobile phone
Email @		
Signature	Date	

#### Third individual with Authority to Operate

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other	<input type="text"/>	Member/Customer Number
Given names	Last name	
Home phone	Work phone	Mobile phone
Email @		
Signature	Date	

<b>Office use only</b>	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>

#### Returning this form



PO Box 7051, Silverwater, NSW 2128