

Transaction and Savings Accounts Application Form

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Transaction and Savings Account Application Form



Please complete your details and return to BOQ Specialist
GPO Box 2539, Sydney, NSW, 2001 or fax to 1300 131 400

Products and services are provided by BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 AFSL and Australian credit licence No. 244616 ("BOQ Specialist").

Please use **BLOCK LETTERS**

If you are a company, trust, partnership, sole trader or other entity, please complete this document and the Non-Individual Entity Addendum. This document together with the Non-Individual Entity Addendum, will form your application.

If you are a company or a corporate trustee, two directors or a sole director and company secretary are to complete their individual details under Client 1 and Client 2 and sign this application. Any individual trustee(s) are to complete their individual details under Client 1 and Client 2 and sign this application. Any individual partner(s) who are authorising this application is to complete their details under Client 1 and Client 2 and sign this application. Any individual who completes their details under Section 2 will be an authorised signatory to the account(s) subject to this application.

Your BOQ Specialist contact is

SECTION 1A FOR INTERNAL USE - TO BE COMPLETED BY BOQ SPECIALIST BANKER

I confirm that I am aware of the Target Market Determination (TMD) for the relevant products Yes No

I confirm that based on discussions with the client, the client is in the Target Market as described in the TMD for the relevant products Yes No

SECTION 1B TO BE COMPLETED BY FINANCIAL ADVISORS

I confirm that I am aware of the Target Market Determination (TMD) for the relevant products Yes No

Personal advice has been provided to the client in relation to this product Yes No

OR

I confirm that based on discussions with the client, the client is in the Target Market as described in the TMD for the relevant products Yes No

SECTION 2 ALL ACCOUNT HOLDERS TO COMPLETE THIS SECTION

Full Account Name (include all entities i.e. Company ATF Trust T/As Business Nam or Company T/as Business Name)

Mailing address

 One Account Private Access Term Notice

Source of Funds (mandatory)

Please indicate the source of funds used to open this account and provide a brief description (for example salary, savings or investment income, sale of asset or superannuation savings.)

Trust Tax File Number (if applicable)

Client 1

Please indicate in what capacity you are executing this application form:

Individual Director Sole Director
 Secretary Trustee Partner

Mr Mrs Dr Ms Other

Given names, including middle names

Surname

Previous Names (if applicable)

Alias (if applicable)

Date of birth

 / /

Client 2

Please indicate in what capacity you are executing this application form:

Individual Director Sole Director
 Secretary Trustee Partner

Mr Mrs Dr Ms Other

Given names, including middle names

Surname

Previous Names (if applicable)

Alias (if applicable)

Date of birth

 / /

Residential address (If same as mailing address state "As Above") PO Box is not acceptable

Suburb State Postcode

 STATE POSTCODE

Occupation and/or qualification (mandatory)

Date of qualification (if applicable)

 / /

Mobile number

Additional contact number

Email address

Residency status

Australian Citizen Australian Permanent Resident
 Non Resident Australian Temporary Resident

Are you a citizen or resident of any foreign jurisdictions?

Yes No

I am a citizen of

I am a resident of

What is your residential status for tax purposes?

Australian resident Non-resident

Do you have a Tax File Number (TFN)?

Yes, insert TFN No, state Exemption Category

Are you a resident of any foreign jurisdictions for tax purposes?

Yes No

If yes, please complete the Foreign Tax Self Certification Form.

Residential address (If same as mailing address state "As Above") PO Box is not acceptable

Suburb State Postcode

 STATE POSTCODE

Occupation and/or qualification (mandatory)

Date of qualification (if applicable)

 / /

Mobile number

Additional contact number

Email address

Residency status

Australian Citizen Australian Permanent Resident
 Non Resident Australian Temporary Resident

Are you a citizen or resident of any foreign jurisdictions?

Yes No

I am a citizen of

I am a resident of

What is your residential status for tax purposes?

Australian resident Non-resident

Do you have a Tax File Number (TFN)?

Yes, insert TFN No, state Exemption Category

Are you a resident of any foreign jurisdictions for tax purposes?

Yes No

If yes, please complete the Foreign Tax Self Certification Form.

Provision of a TFN is not mandatory. If you do not quote your TFN or claim an exemption, tax may be deducted from the interest paid to you at the highest tax rate plus the Medicare Levy. Please see Terms and Conditions for more information.

Debit card

Would you like a debit card to be issued in conjunction with your application for a One Account?

Yes No

Embossing name

Please provide copies of and details for at least two (2) of the following identification documents:

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Debit card

Would you like a debit card to be issued in conjunction with your application for a One Account?

Yes No

Embossing name

Please provide copies of and details for at least two (2) of the following identification documents:

Driver licence expiry date / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

SECTION 3 INITIAL DEPOSIT DETAILS

<input type="checkbox"/> One Account	<input type="checkbox"/> Interest capitalised	<input type="checkbox"/> Interest paid to Designated Account
<input type="checkbox"/> Private Access Account	<input type="checkbox"/> Interest capitalised	<input type="checkbox"/> Interest paid to Designated Account
<input type="checkbox"/> 32 Day Notice Account	<input type="checkbox"/> Interest capitalised	
<input type="checkbox"/> Term Deposit	<input type="checkbox"/> % Interest rate	<input type="checkbox"/> Interest paid to Designated Account
Deposit amount	\$	

Method of Deposit

Direct Debit (if selected, please complete Section 4 of this application form)

EFT/SWIFT Cheque (please see Terms and Conditions for further information)

SECTION 4 ACCOUNT OPERATING OPTIONS

1. Online Services?

Your Account is enabled for Online Banking. Do you wish to receive your Statements online?

Yes - You will need to activate Online Banking

No - You will receive paper based Statements

2. What account would you like to nominate as your Designated Account (optional)?

Please nominate an account which you would like linked to your BOQ Specialist account. If you would like Us to Direct Debit from the Designated Account it must be in the same name as your BOQ Specialist account and this request must be accompanied by a bank statement evidencing the account name, BSB and account number.

Bank		
Bank account name		
BSB	Account no	

3. Authority to Operate

Payments from and to the Designated Account (tick one)

I authorise PAYMENTS to and DIRECT DEBITS from this Designated Account from / to my BOQ Specialist Account.

I authorise PAYMENTS ONLY to this Designated Account from my BOQ Specialist Account.

I authorise DIRECT DEBITS ONLY from this Designated Account to my BOQ Specialist Account.

This request must be accompanied by a bank statement evidencing the account name, BSB number and account number.

If you would like to set up additional Designated Accounts, please do so by utilising additional copies of this page or contact Us on 1300 160 160.

Request and authority to debit the account (designated account) named in section 4 of this account application form to pay: BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 (userID 359291)

I/We request and authorise BOQ Specialist (userID 359291) to arrange, through its own financial institution, a debit to my/our designated account any amount BOQ Specialist has deemed payable by me/us.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my/our designated account held at the financial institution I/We have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement (as set out on the Terms and Conditions).

By signing and/or providing you with a valid instruction in respect of my/our Direct Debit Request, I/we have understood and agreed to the terms and conditions governing the debit arrangements between me/us and BOQ Specialist as set out in this Request and in my/our Direct Debit Request Service Agreement.

4. Operating Authority (Excluding Designated Account Transfers)

If this section is left blank or incomplete, the account will be deemed to be operated by any one signatory.

Any one signatory Any two of the signatories All the signatories

Other instructions

Note: For Online Banking where more than one signatory is required to operate the account, you will need two signatories to authorise a transaction. Where you have specified more than two signatories on an account, any two signatories can authorise payments. For Debit Cards where more than one signatory is required to operate the account, each signatory must approve the issue of a Debit Card to any signatory, however, once the Debit Card is issued, it may be used by that signatory alone.

5. Financial Adviser Authority and Adviser Service Fee

5.1 Complete this section if you were introduced by an External Financial Adviser

By signing below you are authorising the Adviser and/or authorised employees of the firm shown below to make any enquiries, provide deposit maturity and commencement instructions and request payments from/to your BOQ Specialist Account to/from the Designated Account specified in section 4 of this Account Application Form "Account Operating Options" and subject to your election for this account to be debited, credited or both.

We will send the Adviser duplicate copies of your account correspondence, provide such information to the Adviser as requested and action the Adviser's instructions as outlined herein. Please note, this authority does not extend to the making of any payment instructions to/from third party accounts. To authorise a specific individual, such as your Adviser, to operate your account as a signatory, please complete point 7, "Additional Authorised Signatories" overleaf.

Name of firm

Name of Adviser

Please sign below if completed 5.1

Authorised Signatory 1 (Account holder)

Authorised Signatory 2 (Account holder)

Date
 / /

Date
 / /

6. Electronic Communications

You consent to receiving by electronic communication any pre-contractual information, notices and other documents relating to the BOQ Specialist account that we are required to give you. We will rely on this consent to communicate with you by electronic mail ("email") to the email address that you have notified to us. By giving this consent, you acknowledge that we are no longer required to send you pre-contractual information, notices and other documents relating to the BOQ Specialist account in paper form. You must ensure that you check your email regularly for pre-contractual information, notices and other documents from us and notify us of any changes to your email address. You should also ensure that emails from us to you email address are not blocked. You may withdraw this consent at any time and change to receiving the paper document to your nominated mail address by notifying us through email.

7. Additional Authorised Signatories

If there are no additional signatories other than the account holder/s you do not have to complete this section.

Who are authorised signatories for the purposes of operating your account?

All individual account holders are authorised signatories.

If you want additional Authorised Signatories please complete this section.

If you require more than two additional Authorised Signatories to operate the account, please contact our Client Service Centre on 1300 160 160 and we will send you a supplementary form to complete.

Additional Signatory 1

Mr Mrs Dr Ms Other

Given names

Surname

Date of birth
 / /

Residential address

Suburb State Postcode

Telephone
()

Mobile number

Additional Signatory 2

Mr Mrs Dr Ms Other

Given names

Surname

Date of birth
 / /

Residential address

Suburb State Postcode

Telephone
()

Mobile number

Email address

Occupation and/or qualification (mandatory)

Email address

Occupation and/or qualification (mandatory)

Please provide copies of and details for at least two (2) of the following identification documents:

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date

 / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date

 /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Signature

Date

 / /

Driver licence number

Driver licence card number

State of issue

Driver licence expiry date

 / /

Medicare card number

Medicare card individual reference number

Medicare card expiry date

 /

Passport Number

Passport Country of issue

Country of Birth

City of Birth

Signature

Date

 / /

► **Please go to Section 5.**

SECTION 5 PRIVACY DECLARATION

I/We permit and authorise BOQ Specialist to disclose personal information about my/our Account to any third party that I/We authorise for such access either in this form or otherwise, and authorise such third parties to seek access to that information.

I/We understand that should my/our account becomes overdrawn BOQ Specialist may exchange my/our personal information (including credit information, such as details about the credit BOQ Specialist provides to me/us, any failure to meet my/our payment obligations in relation to a credit contract or if I/We have committed a serious credit infringement) with a Credit Reporting Body ("CRB").

CRB's may include information provided by BOQ Specialist in reports provided to other credit providers to assist them to assess your credit worthiness.

Under the Privacy Act, CRBs are also permitted to assist credit providers like BOQ Specialist who wish to direct market to you by ensuring you meet certain specified criteria (called "pre-screening"). You have a right to request that CRBs not use your credit-related information for this purpose by contacting them using the details below.

You also have a right to request that a CRB not use or disclose your credit-related information if you believe that you have been a victim of fraud (including identity fraud) by contacting them using the details below.

For more information about credit reporting, including the name and contact details of the CRBs to which BOQ Specialist discloses your information, the types of information BOQ discloses and your rights in relation to that information, please see BOQ Specialist's Privacy Policy, available via BOQ Specialist's website <http://www.boqspecialist.com.au> or you can request a hard copy by calling 1300 160 160.

I/We hereby consent to BOQ Specialist disclosing my/our name, residential address and date of birth to a credit reporting agency and BOQ Specialist can ask the credit reporting agency to provide an assessment of whether the personal information so provided matches (in whole or in part) personal information contained in the credit information file in the possession or control of the credit reporting agency to assist in verifying my/our identity for the purpose of Anti-money Laundering and Counter Terrorism Act 2006. The credit reporting agency may prepare and provide BOQ Specialist with such an assessment and may use my/our personal information including names, residential address and dates of birth contained in their credit information files for the purpose of preparing such an assessment.

If I/we provide personal information about any other person, I/ we will need to inform any third parties that their information is being collected by you and by signing this Application, I/we agree to give that person a copy of this Privacy Declaration.

By signing and submitting this application, you consent to us (unless you opt out) using your personal information to identify and provide you with information by mail, telephone or electronically, about products and services you may be interested in.

Please tick the relevant box if you do not wish to receive marketing offers about BOQ Specialist products and services.

Individual 1 Individual 2

► **Please go to Section 6.**

SECTION 6 ACCOUNT HOLDER(S) DECLARATION AND ACCEPTANCE

General Declaration

By signing this application, the Account Holder(s) request BOQ Specialist to open a Transaction and Savings Account for me/us. I/We declare that all information provided to BOQ Specialist is true and correct and not misleading in any respect.

Warranty and Acknowledgement

By signing below:

- you warrant that the information supplied by you in this Account Application Form is true and correct in every respect and agree that the Terms and Conditions for Transaction and Savings Accounts, your Account Application Form, the Direct Debit Request - Service Agreement if applicable, Special Terms and Conditions and Debit Card Conditions of Use (if applicable), shall form the basis of your deposit;
- you confirm that you have received, read and understood the Terms and Conditions for the Transaction and Savings Accounts, the Direct Debit Request - Service Agreement if applicable, the 'Account opening documentation requirements', Special Terms and Conditions and Debit Card Conditions of Use (if applicable), and agree to be bound thereby as well as any further or other conditions we may formulate in respect of your account from time to time and notify you in writing;
- you agree to be bound by the Terms and Conditions for the Transaction and Savings Accounts and the Direct Debit Request - Service Agreement (if applicable) and any special Terms and Conditions (if applicable) and Debit Card Conditions of Use (if applicable) with respect to the Transaction and Savings Account;
- you warrant that in opening your account you have complied with all relevant legislation;
- you confirm that you will update BOQ Specialist of any change in circumstances which affects the tax residency declared in this application form. You further confirm that you will provide BOQ Specialist with an updated self-certification and declaration of this change in circumstance;
- you confirm that you have not relied on any warranty or representation made by BOQ Specialist in relation to this product and that you have obtained your own advice in relation to this product;
- you agree to the Privacy Declaration in Section 5 of this application form;
- you acknowledge that where a debit card is issued in conjunction with your One Account, your activation of a debit card, and/or first use of the debit card constitutes your acceptance of the Debit Cards Conditions of Use.
- where you have applied for a term deposit, you acknowledge that unless you advise us otherwise before maturity, we will at maturity automatically re-invest your term deposit for the same term at our prevailing rate of interest. Should your term deposit be automatically re-invested you will be entitled to a 7 calendar day grace period from the term deposits previous maturity date. During the grace period you have the option to make changes to your term deposit details or withdraw your funds without incurring a fee or an interest adjustment or needing to provide 31 days notice.
- where you have applied for a Notice Account, you acknowledge that at least 32 days notice is required from you before you can withdraw or transfer funds out of your Notice Account. A request by you to withdraw or transfer funds out of your Notice Account before the end of the 32 day notice period will only be granted by Us if the grounds for such a request are based on hardship, as assessed and agreed to by Us.
- you understand that if you may need to access funds in the Term Deposit or 32 Day Notice Account immediately or regularly then other BOQ Specialist deposit products may be more suitable for your needs.
- where there are changes to your personal details, you agree to notify us as soon as possible.

Acceptance by Individual 1

Name

Signature

 Sign Here

Date

 / /

Acceptance by Individual 2

Name

Signature

 Sign Here

Date

 / /

Client service centre
T 1300 160 160

boqspecialist.com.au

GPO BOX 2539
Sydney NSW 2001
Australia