

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 1 will be an authorised signatory to the account(s) subject to this application.

Your BOQ Specialist contact is

SECTION 1 ALL ACCOUNT HOLDERS TO COMPLETE THIS SECTION

Account 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.)

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)

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)

 / /

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)

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

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.

Mobile number

Additional contact number

Email address

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

Debit card

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

Yes No

Embossing name

Security questions (mandatory)

Your mother's maiden name

Your father's date of birth

Name of your high school

Security questions (mandatory)

Your mother's maiden name

Your father's date of birth

Name of your high school

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

Driver licence 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

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

Driver licence 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

SECTION 2 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"/> Interest paid to Designated Account
<input type="checkbox"/> Term Deposit	<input type="text" value=""/> Term	<input type="checkbox"/> % Interest rate
Deposit amount	\$	<input type="text" value=""/>

Method of Deposit

Direct Debit (if selected, please complete Section 3 of this application form)

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

SECTION 3 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 6 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 5 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

Email address

Occupation and/or qualification (mandatory)

Security questions

Your mother's maiden name

Your father's date of birth

Name of your high school

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)

Security questions

Your mother's maiden name

Your father's date of birth

Name of your high school

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

Driver licence 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

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 4.**

SECTION 4 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 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.

I/We have read the section titled 'Customer information and privacy' within the Terms and Conditions and agree to consent to the use, storage, maintenance and disclosure of my personal information as detailed in that document.

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 5.**

SECTION 5 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 4 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.

Acceptance by Individual 1

Name

Signature

Date

 / /

Acceptance by Individual 2

Name

Signature

Date

 / /

Account Opening Documentation Requirements

Everyone who opens a new account and all signatories to and beneficial owners of the account are required by law to be identified. In the event that we are unable to identify you electronically, the below table outlines the identification documents you will be required to provide.

INDIVIDUAL / SOLE TRADER AND JOINT APPLICANTS

Two (2) A documents	(A+ A)
One (1) A documents AND one (1) B document	(A + B)
One (1) A documents AND one (1) C document	(A + C)
Two (2) B documents	(B + B)
One (1) B documents AND two (2) C documents	(B + C + C)

Category "A" Documents – Primary Photographic

- Original Certified Copy of Australian or Foreign Drivers Licence
- Original Certified Copy of Passport
- Original Certified Copy of Proof of Age Card
- Original Certified Copy of a National Identity Card

Category "B" Documents – Primary Non-Photographic

- Original Certified Copy of Birth Certificate or Birth Extract
- Original Certified Copy of Citizenship Certificate
- Original Certified Copy of Australian Pensioner Concession Card, Health Care Card or Seniors Health Card

Category "C" Documents – Secondary Documents

- Original Certified Copy of Australian government issued Medicare Card
- Original Certified Copy of Debit or Credit Card
- Original Certified Copy of Student Photo Identification Card (issues by Australian higher education provider or Institution or TAFE)
- Original Certified Copy of Australian Government Notice of Assessment (<12 months old)
- Original Certified Copy of Australian Bank statement (<12 months old)
- Original Certified Copy of rental agreement
- Original Certified Copy of Australian Working with Children Check or Blue Card
- Original Certified Copy of Australian Defence Force Identification Card
- Original Certified Copy of Utility Bill (water or electricity or council rates bill (<3 months old))

The following parties can certify documents: legal practitioner, judge, magistrate, Justice of the Peace, police officer, permanent employee of the Australian Postal Corporation with 2 or more years of service, finance company director / partner with 2 or more years of service, an officer with or an authorised representative of a holder of an Australian Financial Services Licence, member of the Institute of Chartered Accountants in Australia, CPA Australian or the National Institute of Accountants with 2 or more years continuous membership, Dentist, Chiropractor, Medical Practitioner, Nurse, Pharmacist, Optometrist, Patent Attorney, Physiotherapist, Psychologist, Trade Marks attorney, Veterinary surgeon, Bailiff, Marriage celebrant, Australian Consular Official or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955) and all other persons prescribed by Regulation 4 of the Statutory Declarations Regulations.

Non-Individual Entity Addendum Form

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

Please use **BLOCK LETTERS**

1. COMPANY / PARTNERSHIP / SOLE TRADER / OTHER ENTITY

Borrower Guarantor

Full name of Company / Partnership / Sole Trader or Other Entity.
Also include full business name if applicable

ACN / ABN

Type of Entity

Proprietary Company

Public Company Partnership

Other

Directors of Company (For Proprietary Company only)

a. Full Name of Director

b. Full Name of Director

c. Full Name of Director

d. Full Name of Director

Full Address of Registered Office (P.O Box is not acceptable)

If different to Registered Office please supply the principle place
of business (P.O Box is not acceptable)

Suburb State Postcode

Nature of Business Activity

Years Trading

Country of Incorporation / Formation

Is the entity a foreign company?

No Yes If yes, please complete the Entity Foreign Tax
Self Certification form.

If a foreign company what is the registration number

Is the foreign company registered in Australia? Yes No

If Yes, what is the ARBN

Is the entity's primary business activity investing?

No Yes

Beneficial Owners of Company/Partnership

Please collect and verify identification of shareholders of
company holding 25% or more of the issued capital (proprietary
companies only) or details of partners holding 25% or more of
the interests of the partnership. If the shareholder or partner
is not an individual, provide the details of the individual who
ultimately owns 25% or more of the company or partnership.
Where it is not applicable to identify majority shareholders,
collect and verify identification for any individual with 25%
or more voting power (including veto), if this isn't applicable,
collect and verify identification for any individual with a senior
management position. If the entity's primary business activity
is investing, please also confirm if any beneficial owners are a
resident of any foreign jurisdictions for tax purposes.

a. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification
Form

b. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

d. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

c. Full name of Shareholder / Partner / Senior Manager
(please circle one)

% interest / % Shareholding / % voting power

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

Suburb State Postcode

Resident of any foreign jurisdiction for tax purposes?

No Yes

If Yes, please complete the Foreign Tax Self Certification Form

2. TRUST (IF APPLICABLE)

Borrower Guarantor

Full name of Trust

Full Name of Trustee(s) (If a corporate trustee, complete section 1 of this Addendum)

Trust Registered Office Address

State Postcode

Suburb

Type of Trust

Discretionary Unit SMSF

Other

TFN / ABN of Trust or exemption category

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 refer to the product terms and conditions for more information

Nature of the business activities of the Trust

Please specify the Country in which the Trust was established.

Is the entity a foreign Trust?

No Yes If Yes, complete the Entity - Foreign Tax Self Certification Form.

Is the Trust's primary business activity investing?

No Yes

If yes, please confirm the tax residency for any controlling persons below.

Is the Settlor a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Are any of the beneficiaries or unit holders a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Is the appointer a resident of any foreign tax jurisdiction for tax purposes?

No Yes If Yes, complete the Trusts - Foreign Tax Self Certification Form.

Did the Settlor contribute AUD \$10,000 or more to the establishment of the Trust?

a. Yes No

b. Please provide Settlor details below:

Full Name of Settlor

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

List the details of the person(s) who have the powers to add or remove the trustees ("Appointer"), or for unit trusts/discretionary trusts, provide details on each unit holder/beneficiary who holds 25% or more. If the unit holder/beneficiary is not an individual, provide the details of the individual who ultimately owns 25% or more.

a. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

b. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

c. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

d. Full Name of Appointer Unit Holder Beneficiary

Date of Birth / /

Full Residential Address (P.O Box is not acceptable)

State Postcode

Suburb

If there are other named beneficiaries or unit holders not listed above, please provide their full names (beneficiaries or unit holders who hold <25%)

a. Full Name of named Beneficiary / Unit Holder

b. Full Name of named Beneficiary / Unit Holder

c. Full Name of named Beneficiary / Unit Holder

d. Full Name of named Beneficiary / Unit Holder

If there are no named beneficiaries, please provide details of beneficiary class:

As Trustee, I declare that beneficiaries or unit holders as identified in the trust deed named and dated below are solely Australian tax residents unless identified as foreign tax residents in the Trusts - Foreign Tax Self Certification Form

Name of Trust as per Trust Deed

Date of Trust Deed / /

Account Opening Documentation Requirements for non-individual entities

Everyone who opens a new account and all signatories to and beneficial owners of the account are required by law to be identified. In the event that we are unable to identify you electronically, the below table outlines the identification documents you will be required to provide.

Australian Company (Listed and Unlisted)

- Each Signatory to be identified above as per individual identification requirements
- We require individual shareholders holding 25% or more (through one or more shareholdings) to be identified according to the above individual requirements. If no shareholder holds 25% or more we will require any individuals with 25% or more voting rights. If there are no individuals with 25% or more of voting rights we require a senior company official to be identified

Partnerships

- Certified copy of partnership agreement
- We require individual partners holding 25% or more of the partnership (either directly or indirectly) to be identified according to the above individual requirements. If no partner holds 25% or more, we will require the managing partner to be identified
- Each Signatory to be identified above as per individual identification requirements

Trusts and Superannuation Funds

- Certified copy of the current Trust Deed and any amendments thereto
- For SMSFs and Discretionary Trusts we require the persons who have the power to add or remove trustees to be identified
- For Unit Trusts we require individual unit holders who hold 25% or more (either directly or indirectly) to be identified.
- Each Signatory to be identified above as per individual identification requirements

Client service centre
T 1300 160 160
boqspecialist.com.au

Adelaide

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Adelaide SA 5000
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F +61 8 9214 4545

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