

Account Details			
Account Opening Date			
Account Title			
Account Mailing Address			
If different to Business Address	SUBURB / TOWN	State	
	COUNTRY	Post code	
ABN / ARBN / ACN - Mandatory for Companies	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Number to Sign to Open NEW CUSTOMERS ONLY			
<p>Any of the Owners / Authorised Officers specified below can open and close deposit accounts and authorise changes or additions to Authorised Officers, Signatories and Operating Authorities for all accounts opened in the name of the above Registered Business / Company / Organisation. This Authority also extends to affecting changes to details supplied to Suncorp for the Registered Business / Company / Organisation. Any accounts subsequently opened under this Authority will be opened in the name of the above Registered Business / Company / Organisation and held in the name of Registered Business / Company / Organisation specified above.</p> <p>Please identify how many Owners or Authorised Persons you would like:</p> <ul style="list-style-type: none"> To open and close accounts, authorise changes or additions to Authorised Persons. <input type="text"/> <p>Special Opening Conditions (optional) <input type="text"/></p> <p>An Authorised Officer is permitted to make changes and perform transactions if Signatory is indicated in Owner/Authorised Officer Signature section.</p>			
Number to Sign to Operate			
<ul style="list-style-type: none"> To be able to perform transactions on the account? <input type="checkbox"/> Only 1 <input type="checkbox"/> Any 2 can sign 			
Existing Customers			
<p>I/We appoint the signatory(ies) specified on existing account number <input type="text"/> to also be an authorised signatory(ies) on the above new account(s). <small>("same account")</small></p> <p>I/We authorise the same Operating Authority (ie. number to sign to operate) to be applied to the above new account number(s).</p>			
Special Signing Conditions (Optional)	<input type="text"/>		
Registered Business Details			
Full Business Name	<input type="text"/>		
Business Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	
	COUNTRY	Post code	
Nature of Business	<input type="text"/>		
Business Phone	()	Business Fax	()
Business Mobile	<input type="text"/>		

Company Details	
Full Name (including ACN)	
Registered Office Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN
	COUNTRY
	State Post code
Principal Place of Business	
	State Post code
Nature of Business	
Business Phone	() Business Fax ()
Business Mobile	
Primary Contact	TITLE GIVEN NAMES (IN FULL)
	SURNAME
Position	EG: DIRECTOR, SECRETARY
Public <input type="checkbox"/>	Private <input type="checkbox"/>
Private Companies only - Provide full name of each director	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
FULL GIVEN NAMES AND SURNAME	
Beneficial Owners (Private Companies only)	
Provide the FULL NAME and RESIDENTIAL ADDRESS of any individual who directly or indirectly owns more than 25% of the company.	
Beneficial Owner 1	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code
Beneficial Owner 2	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code
Beneficial Owner 3	
Full Name	FULL GIVEN NAMES AND SURNAME
Residential Address	(PO BOX NOT ACCEPTABLE)
	SUBURB / TOWN State
	COUNTRY Post code

Trust Details - Complete for ALL Trustees whether individual or company

Full Name of Trust			
Type of Trust	<input type="checkbox"/> Discretionary (eg. Family)	<input type="checkbox"/> Managed Investment Scheme	<input type="checkbox"/> Unit <input type="checkbox"/> Superannuation Funds
Country where Trust Established			
Trust Address			
	SUBURB / TOWN	State	
	COUNTRY	Post code	

Trustee Details - (Trustee could be a company)

Please Note: Individual Trustees must complete Authorised Officer Details Section. Company Trustees must also complete Company Details Section.

Full Name (Trustee 1)	FULL GIVEN NAMES AND SURNAME		
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	
	COUNTRY	Post code	
Full Name (Trustee 2)	FULL GIVEN NAMES AND SURNAME		
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	
	COUNTRY	Post code	

If more than 2 Trustees, please provide details on a separate Trusts Customer Identification Form.

Trading Name of the Trustee (if any)

Beneficiary Details

Do the terms of the trust identify the beneficiaries by reference to a membership of a class?

Yes Provide Details of each Class

No Full Name of each Beneficiary

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Authorised Officer Details – Individual/Directors/Trustees/Partners			
Authorised Officer 1	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			
Authorised Officer 2	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			
Authorised Officer 3	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			

Authorised Officer Details – Individual/Directors/Trustees/Partners - continued			
Authorised Officer 4	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	()	Phone (Home)	()
Fax	()	Mobile	
Date of Birth		Employer	
Password		Occupation	
Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>			
If more than 4 Authorised Officers, please complete Authorised Officers/Signing Officers – Account Opening Authority – Non Personal Customer form (00251)			
Deposit Account Details			
Product Name/Description			
Package Name/Description			
Statement Details			
A statement of account will be sent in accordance with the terms and conditions of Suncorp Deposit accounts. If you would like a copy of the Account Statement sent to an address different to the nominated mailing address (eg Accountant etc), then please complete the following details:			
Name			
Address			
	SUBURB / TOWN	State	Post code
Interest Payment Method			
<input type="checkbox"/>	Reinvest in this account		
<input type="checkbox"/>	Redirect to another Suncorp account (Available on selected products only)		
	Account Number		
	Account Name		
Cheque Book Order Details			
Name to appear on Cheque book	IF DIFFERENT TO ACCOUNT TITLE		
Special Cheque Book Mailing Address	IF DIFFERENT TO STATEMENT ADDRESS		
	SUBURB / TOWN	State	
	COUNTRY	Post code	
Special Cheque Book Mailing Address Expiry Date			
Cheque Book Size Options	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 200
NOTE: For Company Accounts if ABN does not incorporate ACN - ACN MUST be quoted on the cheque book.			

Term Deposit Details

Investment Details

Funding Instructions Account Transfer Cheque Deposit

Suncorp Account Number

Amount \$ Term Length Days Interest Rate %

Interest Payment Instructions (must be a Suncorp Account)

Pay Interest Monthly Quarterly Half Yearly Annually Maturity

BSB Suncorp Account No.

Suncorp Account Name (If not the same as Term Deposit)

Renewal Instructions (not applicable to Negotiated Term Deposits) Renew Principal and Interest for the same term at the then current rate Renew Principal

Principal Payment Instructions (must be a Suncorp Account)

Mature Principal and Interest Mature Principal

BSB Suncorp Account No.

Suncorp Account Name (If not the same as Term Deposit)

Appointment of an Agent

I/We appoint and any individual person employed by this Firm, to be my/our agent for the purposes of obtaining information from Suncorp in relation to this Application, term deposit account numbers, balances, maturity details and other information required for the purposes of commission calculation. I/We authorise the Bank to contact my agent and accept instructions from my agent in relation to any renewal or reinvestment of this Term Deposit.

Tax File Numbers

Who will report to the ATO for any tax liability? (EG. COMPANY NAME, REGISTERED BUSINESS NAME) ETC.

Tax File Number

Unless otherwise directed, a Tax File Number where provided, will be applied to all accounts opened under this account name. The providing of Tax File Numbers is optional under taxation legislation. If you do not quote a tax file number for the Registered Business or at least 2 owners, for the Company / Organisation or in the case of an account for joint Companies at least two tax file numbers, tax may be deducted from the interest earned on the account at the highest marginal rate. Further information can be obtained from the Australian Taxation Office.

Privacy Statement

Suncorp-Metway Limited is a member of the Suncorp Group. The Privacy Act 1988 (Cth) requires us to inform you that:

Purpose of collection

Personal information is information about an identifiable individual and includes facts or an opinion about you which identifies you or by which your identity can be reasonably determined. The collection of your personal information is essential to enable us to conduct our business of offering and providing you with our range of financial products and services.

We collect personal information for the purposes of:

- identifying and protecting you when you do business with us
- establishing your requirements and providing the appropriate product or service
- setting up, administering and managing our products and services
- assessing and investigating, and if accepted, managing a claim made by you under one or more of our products
- training and developing our staff and representatives.

We may be required by law to collect your personal information. These include, but are not limited to, anti-money laundering and taxation laws.

Consequences if personal information is not provided

If we request personal information about you and you do not provide it, we may not be able to provide you with the financial product or service that you request, or provide you with the full range of services we offer.

Disclosure

We use and disclose your personal information for the purposes we collected it.

We may also use and disclose your personal information for a secondary purpose that is related to the purpose for which we collected it. This would happen in cases where you would reasonably expect us to use or disclose your personal information for that secondary purpose.

When necessary and in connection with purposes of collection, we may disclose your personal information to and/or collect your personal information from:

- other companies within the Suncorp group
- where required or authorised under our relationship with our joint venture companies
- information technology providers, including hardware and software vendors and consultants such as programmers
- research and development service providers
- your advisers, agents or representatives
- our advisers, agents or representatives
- if required or authorised to do so, regulatory bodies and government agencies
- financial advisers
- lenders' mortgage insurers and valuers

Privacy Statement (continued)

- credit reporting agencies
- legal and other professional advisers
- printers and mail house service providers
- manufacturers for plastic card production (e.g. debit and credit cards).

In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

Disclosure overseas

There are also instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- sending your personal information to companies in the Suncorp group
- when you have asked us to do so
- when we are authorised or required by law to do so
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement
- certain electronic transactions
- when it is necessary in order to facilitate a transaction on your behalf.

We will only send your personal information overseas or collect personal information about you from overseas for the purposes in this statement.

Access

You can request access to the personal information we hold about you by contacting us.

In some circumstances, we are able to deny your request for access to personal information. If we deny your request for access, we will tell you why. If accessing your personal information will take an extended period of time, we will inform you of the likely delay. For more detailed requests for access to personal information, for example, access to information held in archives, a fee may be charged to cover the associated cost of retrieval and supplying this information.

Marketing

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from Suncorp. Generally, our companies in the Suncorp group will use and disclose your personal information for Suncorp's marketing purposes. If you do not want us to use and disclose your personal information for the purpose of marketing products and services to you, you should contact us and tell us.

Contact

Please contact us to:

- change your mind at any time about receiving marketing material
- request access to the personal information we hold about you
- obtain more information about our privacy practices by asking for a copy of our Privacy Policy.

You can contact us by calling 13 11 55, visiting suncorpbank.com.au or by visiting any of our branches. We'll be happy to help.

Our Privacy Policy can also be found on our website at suncorpbank.com.au

Declaration & Consent

I/We understand it is an offence under the "Anti-Money Laundering and Counter-Terrorism Financing Act 2006" to make a false or misleading statement.

I/We agree to be bound by the Terms and Conditions detailed in the Product Disclosure Statement / Product Information Document in relation to accounts opened under the above account name. I/We confirm the details supplied are correct.

By signing this application, I/We agree to Suncorp collecting, using and disclosing my/our personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy.

Sometimes, Suncorp might use personal information to make product-related material on a range of financial products and services available to our customers. A customer may elect not to receive product-related material by indicating in Customer Details Section.

I/We agree to Suncorp transmitting my/our personal information by electronic means as well as contacting me by SMS Messaging and/or E-Mail regarding my account where I have included my mobile telephone number or E-Mail address as part of this application. I accept that there is a risk that information may come into the possession of another person not entitled to receive it and acknowledge that while Suncorp will take all reasonable steps to protect my privacy it accepts no liability for breach of confidentiality or damages for loss I might suffer provided Suncorp can show it communicated to me at the electronic address or number provided by me.

Owners / Authorised Officers Signatures

Authorised Officer 1	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 2	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 3	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	
Authorised Officer 4	FULL NAME		
Date		Position	EG.: DIRECTOR
Signatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	

Internal Use Only

Identification Document Details - Trusts

Document 1

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type		
Issued Date		
Collection Date		

Identification Document Details - Companies

Date of ASIC Search		Collection Date	
Company Search provided by	<input type="checkbox"/> Customer	<input type="checkbox"/> Suncorp	

New Customers Identification Details (if more than 4 attach KYC form) **New Customers:** Complete KYC Verification **Existing Customers:** Verify Signature

Owner/Authorised Officer 1

Document 1

Document 2

Document 3

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type						
Issuer						
Issue Date (If any)						
Expiry Date (If any)						
Document Number (If any)						
Collection Date						

Owner/Authorised Officer 2

Document 1

Document 2

Document 3

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type						
Issuer						
Issue Date (If any)						
Expiry Date (If any)						
Document Number (If any)						
Collection Date						

Owner/Authorised Officer 3

Document 1

Document 2

Document 3

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type						
Issuer						
Issue Date (If any)						
Expiry Date (If any)						
Document Number (If any)						
Collection Date						

Owner/Authorised Officer 4

Document 1

Document 2

Document 3

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Document Type						
Issuer						
Issue Date (If any)						
Expiry Date (If any)						
Document Number (If any)						
Collection Date						

