

BOQ Superannuation Savings Account Application Form

Bank of Queensland Limited ABN 32 009 656 740 AFS Licence NO: 244616

You should read the Business Banking Guide to Fees and Charges and Business Transaction and Investment Accounts Terms and Conditions before completing this Application Form, these Terms and Conditions are available at boq.com.au/termsconditions.htm



Alternatively you may call **1300 55 72 72** or visit your local branch and request a copy.

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| Information checklist | You will need the following information to complete this application form: <input type="checkbox"/> Self Managed Superannuation Fund (SMSF) trustee(s) contact details. <input type="checkbox"/> Australian Business Number (ABN) <input type="checkbox"/> Documents required as per the document checklist (see below). |
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If you have any questions with regards to completing this Application Form, please call our Customer Contact Centre on **1300 55 72 72**.

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| Who needs to complete this application form | <input type="checkbox"/> Signatories – these are the people nominated by the trust to operate the account in Section 2. <input type="checkbox"/> Account authorisers – these are the individual trustees or directors of a corporate trustee of the SMSF as listed in Section 2. |
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Please ensure all persons required to sign this application form have done so before returning to BOQ.

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| Document checklist | The following documents will need to be attached to this Application Form: <input type="checkbox"/> Schedule of account authorisers / signatories (if applicable) refer to Section 2. <input type="checkbox"/> A certified or original copy of your SMSF trust deed. <input type="checkbox"/> If you are mailing this form, certified copies of identification document for all <u>new</u> account authorisers/signatories (see Section 6 for acceptable documents and Section 5 for certification requirements). |
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| Lodgement process | When you have completed and signed the Application Form, please return it (with the relevant documents listed above) to your local Branch. The address of your local Branch can be located on our Corporate Website at boq.com.au or by calling our Customer Contact Centre on 1300 55 72 72 I am <input type="checkbox"/> attending local branch or; <ul style="list-style-type: none"><input type="checkbox"/> If any of the account authorisers and/or signatories are not existing BOQ customers we will need documents that confirm name, address and date of birth. I am <input type="checkbox"/> posting this application to my local branch or the Customer Contact Centre. <ul style="list-style-type: none"><input type="checkbox"/> If the trust or any of the account authorisers and/or signatories are not existing BOQ customers you will need to complete the certified identification documents form as per Section 5, permissible documents are listed in Section 6. |
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| Tax File Number/ Australian Business Number | It is not compulsory for you to give us the Self Managed Superannuation Fund's ABN/TFN. However, if you wish to apply the TFN to the Account, please contact either your local branch or our Customer Contact Centre. Please do not record the TFN on this form. |
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Section 1 Name of SMSF

ABN

Principal Trust address (can not be a PO Box)

Unit Number

Street Number

Street Name

Suburb

State

Post Code

Date moved in

Phone Number - Business

Fax Number (optional)

Email (optional)

Name(s) of all members of the SMSF:

Full Name - Member 1

Full Name - Member 2

Full Name - Member 3

Full Name - Member 4

If the Trustee(s) are individuals

Details of all Trustees - maximum four (4)

| Title | First Name | Middle Name | Surname | Date of Birth |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

If the Trustee is a company

Details of the company - Full name of the company

Full address of the Registered Office (can not be a PO Box)

Unit Number

Street Number

Street Name

Suburb

State

Post Code

Date moved in

ACN

Name(s) of all directors - maximum four (4), (include title, first and surnames)

Director 1

Director 2

Director 3

Director 4

Section 2 Who can be an Account authoriser?**Account authorisers and signatories**

If the trustee(s) of the SMSF are individuals, each trustee must complete this section. If the trustee of the SMSF is a company, a minimum of two directors OR a director and company secretary must complete this section (unless the director is the sole director and company secretary).

This section must also be completed by each account signatory.

Who can be a signatory on the account?

The trustee(s) of the SMSF can nominate anyone to be a signatory to this account. Signatories can be added and removed at anytime after account opening at the request of the account authorisers.

Authorised User 1

Title First Name Middle Name Surname

Date of Birth Occupation Marital status

Select appropriate

I am a Account authoriser (trustee) OR I am a signatory

Personal residential address

Unit Number Street Number Street Name

Suburb State Post Code Date moved in

Mailing address

Same as above or

PO Box Street Number Street Name

Suburb State Post Code

Email (optional)

Home Phone Number Mobile (optional)

I have read the Declarations in Section 3 and the Privacy Statement in Section 4.

Signature Password*

Authorised User 2 (If applicable)

Title First Name Middle Name Surname

Date of Birth Occupation Marital status

Select appropriate

I am a Account authoriser (trustee) OR I am a signatory

**Authorised
User 4
(If applicable)**

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Title | First Name | Middle Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth | | Occupation | Marital status |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Select appropriate

I am a Account authoriser (trustee) OR I am a signatory

Personal residential address

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Unit Number | Street Number | Street Name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Suburb | State | Post Code | Date moved in |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Mailing address

Same as above or

| | | |
|----------------------|----------------------|----------------------|
| PO Box | Street Number | Street Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb | State | Post Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email (optional)

Home Phone Number

Mobile (optional)

I have read the Declarations in Section 3 and the Privacy Statement in Section 4.

Signature

Password*

* Maximum of 16 characters. This password is to be used as identification if you need to contact the Banks Customer Contact Centre. Do not use special characters or spaces.

**Section 4
Privacy
Notification**

The Bank is required by the Anti-Money Laundering and Counter Terrorism Privacy Financing Act 2006 (AML/CTF Act) to collect certain personal information Notification about you. Information such as your name and address is necessary for the Bank to establish and administer your accounts(s) and/or other banking facilities. You are able to gain access to personal information about you which is held by the Bank. It may also be necessary for the Bank to disclose certain information about you to the following types of organisations in connection with the establishment and administration of your account(s) and/or other banking facilities:

- Regulatory bodies and government agencies;
- Related bodies corporate;
- Your agents, including finance brokers, stock brokers or financial advisors;
- Credit and debit agencies;
- Agents, contractors and professional advisors who assist the Bank; and
- Other financial institutions (e.g. for use of that institution's facilities such as automatic teller machines)
- Organisations that carry out functions on the Bank's behalf including mailing houses, data processors, researchers and collection agents, some of which may be located outside Australia

In addition to these administrative and regulatory purposes, the Bank may also use the information collected from you to inform you of other services provided by the Bank or its subsidiaries and products and services offered by other organisation with which the Bank has an alliance or other arrangements.

With respect to other product and service information, you may elect to receive or not to receive this type of information by marking the relevant box in Section 3.

You can elect not to receive information. Unless you notify the Bank that you do not wish to receive information, the Bank will assume that you consent to the use of your personal information for these purposes.

**Section 5
Certified
Identification
Documents
Form
(if applicable)**

Certifier checklist process:

- Write the following wording, on your documents: - must be in English
"I certify that I have seen the original documentation and that this photocopy is a true likeness, complete and accurate copy of that original"
- Certifier to sign and date photocopy of identification documents
- Add certifier's name in block capitals along with their position/capacity, address and daytime telephone number (not a mobile phone). The Bank may contact them as part of the certifier verification process.
- Add the official stamp of your office, if applicable.

Certifier details

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Title | First Name | Middle Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Business address

| | | |
|----------------------|----------------------|----------------------|
| Unit Number | Street Number | Street Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Suburb | State | Post Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

(For Justice of the Peace, please provide address registered with Justice Department)

| | |
|----------------------|----------------------|
| Signature | Contact Phone Number |
| <input type="text"/> | <input type="text"/> |

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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For a list of permissible documents, refer to Section 6.

Permissible Certifier categories (must be currently working in the capacity of)

Please circle the applicable category as listed below

1. A person who is enrolled on the roll of a Supreme Court of an Australian State or Territory, or the High Court of Australia, as a legal practitioner (however described)
2. A judge of an Australian court
3. A magistrate of an Australian court
4. A chief executive officer of a Commonwealth court
5. A registrar or deputy registrar of an Australian Court
6. An Australian registered Justice of the Peace or Commissioner for Declaration
7. An Australian registered notary public (for purpose of the Statutory Declaration Regulations, 1993)
8. A police officer with an Australian Police Force
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal service to the public
10. An officer with two (2) or more continuous years of service with one or more Australian Financial Services Licensees
11. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Australian National Institute of Accountants with two (2) or more years of continuous membership

**Section 6
Permissible
Identification
Documents**

If you're posting this form to your local branch and if any of the account authorisers and/or signatories are not existing customers you will need to complete the certified identification documents form as per Section 5, with permissible documents including -

If the SMSF is a new customer we will require

- a certified copy of the full trust deed setting up the SMSF.

If the trustee is a Company and the Company is a new customer, as we will complete a company search, we do not require you to provide any documents to verify details regarding the Company. However, you may still need to provide documents regarding each director who is an account authoriser under Section 2.

For each Account Authoriser and/or signatory who is a new customer to the Bank, we require the following types of personal customer identification documents:

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

Customer name:

A – Documents (Primary photographic)

- Australian driver's licence
- Passport or similar document issued for international travel that contains a photograph and signature. The passport holder must have a valid visa permitting them to work and/or reside in Australia (minimum 12 months with at least 6 months remaining from the date of account opening)
- Card issued for the purpose of proving the person's age (18+ card Australian issued).

B – Documents (Primary Non-Photographic)

- Australian Birth certificate or birth extract
- Citizenship certificate issued by the Australian Commonwealth
- Australian Pension card or Health Care card issued by Centrelink that entitles the person name on the card to financial benefits

C – Documents (Secondary)

- Medicare card (Australian government issued)
- Debit or credit card (one (1) per Australian institution)
- Student photo identification card (issued by an Australian Higher Education Provider or Institute of TAFE)
- Australian Government notice of financial benefit (<12 months)
- Australian Bank statement (records for 12 months or more)
- Rental agreement (showing name and address from which a customer lives or carries out business in Australia)
- Australian Blue card – issued by Commission for Young People and Child Guardian (CYPCG)
- Land titles office records
- Australian Firearms licence
- Australian Defence Force identification card
- Gaming licence (Australian Government issued)
- Government notice of tax debit (<12 months)