Farm Management Account

How to complete the Application Form:

Legend: Mandatory | Optional | Not required

Section	Comments	Customer type - Individual
	***Account* name - Example**	Mr J Smith
A	**Customer details** NB: Individual details	Mandatory - Individual details: name, address, contact number and date of birth.
B	**Mailing (postal) address details.** NB: This is where correspondence will be sent	Optional
C	***Account* details.** NB: What term details, rate, brokerage	All fields mandatory
D	**Initial deposit method details.** NB: How are funds being deposited	Mandatory - indicate what method of deposit.
E	**Interest details - NB: How is interest being paid**	Mandatory - indicate how you would like interest paid, e.g. reinvested or paid to another *account*.
F	**Nominated transaction *account* details**	Optional - If the *adviser* is a *limited operator* they may transact to this *account* only.
G	**Tax file number (TFN) / exemptions details**	Individual TFN required
J	**Appointment of your Financial *Adviser* Firm.** NB: Indicate what level of authority you wish to provide to your *adviser*	If Customer(s) signs Section J they must indicate by ticking the applicable box what level of authority they wish to appoint to their *adviser*.
K	**Customer signature**	Optional
K	***Adviser* signing on customers details**	*Adviser* may sign on behalf of the customer. All fields to be completed.
L	***Adviser*/KYC details.** NB: *Adviser* to sign indicating KYC completed	All fields mandatory

Farm Management Deposit Account

Application Form

AdelaideBank

Please refer to the Product Guide on how to complete this application form

Account name

A: Individual/Joint/Sole Trader/Director(s)

Customer 1

Title

First name

Middle name

Surname

Residential address (PO Box is not acceptable)

Town/Suburb

State

Postcode

Work phone

( )

Home phone

( )

Mobile

Date of birth

D D / M M / Y Y Y Y

Email

Description of major commodity type(s) in year of deposit

This section must be completed in full

Main Commodity type:

B: Mailing address

Unit

Street number

Street name or PO Box

Town/Suburb

State

Postcode

C: Account details

Term option	Investment amount:	Interest rate (client rate):	Maturity date (optional):
☐ 24 Hour Call, OR	$	%	N/A for 24 Hour Call accounts
☐ 12 Months	days $	%	D D - M M - Y Y Y Y

Brokerage rate % Note: If brokerage rate is left blank, no brokerage will be allocated

D: Initial deposit method

☐ Deposit via clearing account 610 – 101 070963351 Reference:

☐ Initial deposit via direct debit (complete the details below)

Financial institution

Account name

BSB number - Account number

NB: Clients must also sign section D if direct debit option is being used.

☐ Other deposit method:

E: Credit all interest payments to

This section must be completed in full

Financial institution

Account name

BSB number - Account number

NB: If nominating a Credit Union or Building Society, the account must be held in exactly the same name.
Interest can not be reinvested and a interest account will need to be nominated.

F: Nominated transaction account

This is not for interest proceeds or direct debit purposes

Financial institution

Account name

BSB number - Account number

NB: If nominating a Credit Union or Building Society, the account must be held in exactly the same name.

G: Tax file number collection and exemption

Refer to "How to complete the Application Form" on completing this application

It is not an offence if you decide not to supply us with your tax file number (TFN). However, if you do not supply us with your TFN we will be required to deduct withholding tax from distribution returns paid to you, calculated at the highest marginal tax rate, for the income year of the deposit, plus the Medicare Levy, and forward it to the Australian Taxation Office.

I ☐ Individual

Name of applicant 1 (or entity)

Tax file number

If you wish to claim an exemption from quoting a tax file number(s), please indicate the type of exemption you wish to claim.

☐ Age, service, invalid or veteran's pension ☐ Other pension (e.g. wife, carer, widow) ☐ Individual not required to lodge a tax return

If you are a territory resident, we will deduct non-resident withholding tax from distribution returns paid to you providing that you have supplied us with your territory address. If we do not receive your territory address, we will be required to deduct tax from distribution returns paid to you, calculated at the highest marginal rate plus, for the income year of the deposit, the Medicare Levy.

If you are a territory resident for tax purposes please complete the following.

☐ Territory resident

Address of principal place of operations (PO Box is not acceptable)

Town/Suburb State Postcode

H: Your personal information

We, Adelaide Bank, collect your personal information to assess your application and to provide you with the product or service that you have requested. We may also use your personal information to carry out marketing activities, research and product development. We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, to IT providers, to account holders and operators and to your adviser or broker. Your information may also be disclosed to related companies within the Bendigo and Adelaide Bank Group, where its confidentiality is maintained at all times. We do not sell, rent or trade your personal information. In most cases you can gain access to your personal information. Should you wish to do so, or if you have any queries about your personal information, please contact us.

If you do not wish to receive offers unrelated to your Adelaide Bank product and services, please tick here ☐

I: Declaration

I acknowledge receipt of the "Statements to be read by depositors" contained in the Farm Management Deposit Accounts Product Guide. Under the terms and conditions in the Product Guide, I request Adelaide Bank to accept an investment for the above amount. I acknowledge that this account has been designed primarily for use by a business, may only be established primarily for business purposes and is only being established for such purposes. I appoint the adviser whose stamp appears on this form (or any new adviser that I appoint) to operate this account through its employees and authorise Adelaide Bank to provide them access to any personal or financial information that relates to my application or account including copies of documents issued in relation to the account. I agree that I will notify Adelaide Bank of any changes to this arrangement and accept that additional documentation may be required. If the application is signed pursuant to a Power of Attorney, I declare that I have not received notice of revocation of the Power of Attorney.

J: Appointment of your financial adviser firm

Would you like to appoint your financial adviser firm whose stamp appears on this form, and their partners, officers, employees, agents and service providers to have Limited or Full Access Operator status on your account?

☐ I/we wish to appoint my/our financial adviser firm whose stamp appears on this form to fully operate this account through their partners, officers, employees, agents and service providers.

☐ I/we wish to appoint my/our financial adviser firm to have limited account access. They may receive information over phone, roll my account and transact and close to the nominated transaction account in section F.

Customer 1:

Full name:

Corporate title (if applicable):

Signature

Date - -

NB: You must indicate what level of authority you would like to provide to your financial adviser firm in section "J"

OR

K: Adviser signing on behalf of customer(s)

Full name:

Corporate title (if applicable):

Signature

Adviser stamp

Date - -

L: MANDATORY ADVISER SECTION - Know Your Customer Details

Adviser name:

Dealer group/Firm name:

State:

Broker code:

Client reference number:

By signing this section, I acknowledge and confirm that I have identified the customer(s) in accordance with the applicable 'Know Your Customer' requirements.

Signature

Date - -