



Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Application Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'. For individual or joint accounts, all parties to the account are to provide their information and sign below.

Step 1 Account details Account Name Customer Number/ Account Number (if known) Account ID (e.g. S39) Step 2 Authorised party customer details Complete the following to appoint an individual as an authorised operator on your account. If there are more than two operators please attach additional page(s) Please mark the appropriate box: Add Details of the person who authority to operate has been approved for Title Miss Date of birth Surname Given name(s) Customer number (If an existing customer of Australian Unity banking) Residential address (PO Box is not acceptable) Unit Street Number Street name Suburb State Postcode Country (if not Australia) Mobile Home phone Email Mailing address (if different from residential address) Street Number Unit Street name Suburb State Country (if not Australia)

Postcode

Additional details	
Are you a Politically Exposed Person? (See definition below) X Yes X	No
A PEP can also be an immediate family member of a person referred to above	ent public position or function in a government body or an international buntry or government, or a government minister or equivalent senior politician. ve, including a spouse, de facto partner, child and a child's spouse or a parent. eficial ownership of a legal arrangement or entity is also considered to be a PEP
Banking over the phone with Staff Assistance:	Please nominate an alpha/numeric code (minimum 6 characters)
For an Australian Unity staff member to provide assistance over the teleph when you contact us.	none a password can be created, which will be used for identification purposes
Step 3 Account Operating Instructions	
When making withdrawals $\begin{tabular}{ c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $	sign X Any one of us to sign
	of a company or other incorporated body, we may require appointment of er common seal or authenticated by minutes of a resolution of your directors or ion for the company or incorporated body will be able to operate the account or
Step 4 Account(s) authorising party may operate	
Please authorise the person named in Section 2 to operate the selected activates. Note: The authorised party does NOT have authority to: Change or remove any of the authorised signatories on the account/s; Give a 3rd party access or authority to operate on the account/s; Change contact details including the residential or mailing address or Close the account/s.	count/s.
Healthy Banking Everyday Active Saver Easy Saver	X Freedom Saver X Term Deposit
X Other:	
Step 5 Declaration and signature(s)	
writing of my/our death from a person entitled to give such notice. I/We acknour behalf. I/We agree to indemnify Australian Unity against all claims arising	lit has received my/our written instructions revoking the authority or notice in owledge that all actions taken by my/our authorised party are taken on my/ from the operation of my/our account(s) by my/our authorising party provided yledge that the new authorising party may operate on the account/s selected in
Authorised Party Terms and Conditions	
Australian Unity and I confirm the details I have provided to be true and	r. The completed original copy of the Authority to Operate has been provided to correct. I understand the limitations to my authority on the account(s).
3. I have read and understood the Terms of Use, which are available on our	,
Signature of Account Holder	Signature of Joint Account Holder
X	X
Signature of Authorised Party	Date
X	
Name	

Office Use Only	
ATO(s) loaded into P & R under the relationship of a ATO and linked to customer?	Yes No
ATO form and identification loaded in Doxgate under the customer number?	Yes No
Received by	Loaded by



Please send the completed form to:

Australian Unity Bank Reply Paid 1801, Melbourne VIC 3001 (no stamp required if mailed in Australia)

Contact us



(Australian Unity GPO Box 1801, Melbourne VIC 3001



australianunity.com.au



1300 790 740

bankingsupport@australianunity.com.au

AU0266_190723 Authority to Operate Form ${\bf 3}$

Approved Certifiers List



Australian Unity Banking

Below is a list of persons who may certify documents.

General

- Commissioner for Affidavits
- Commissioner for Declarations
- Justice of the Peace
- A person who, under the law in force in a State or Territory, is currently licensed or registered to practise as:
 - Chiropractor
- Optometrist

- Dentist

- Pharmacist
- Legal Practitioner
- Physiotherapist
- Medical Practitioner
- Psychologist

- Nurse

- Veterinary Surgeon

Banking and Post Office Services

- Permanent employee of Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Banking/Building Society/Credit Union/finance company officer with 2 or more years of continuous service

Legal and Courts

- A person who is enrolled on the role of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner, (however described)
- Chief Executive Officer of a Commonwealth Court
- Clerk of a court
- Judge of a Court
- Magistrate
- Registrar, or Deputy Registrar, of a Court

Accounting and Taxation Services

- Fellow of the National Tax Accountants' Association
- Member of Chartered Secretaries Australia
- Member of the Association of Taxation and Management Accountants
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Defence and Protection Services

- Member of the Australian Defence Force who is:
 - An Officer; or
 - Non-commissioned Officer within the meaning of the Defence Force Discipline Act of 1982 with 2 or more years of continuous service;
 - A Warrant Officer within the meaning of the Act
- Police Officer
- Sheriff or Sheriff's Officer

Other Services/Roles

- Marriage celebrant registered under Subdivision C of Division 1 of Part 4 of the Marriage Act 1961
- Member of Engineers Australia, other than at the grade of student
- Member of:
 - The Parliament of the Commonwealth; or
 - The Parliament of the State: or
 - A Territory legislature; or
 - A Local Government Authority of a State or Territory
- Minister of religion registered under Subdivision A of Division 1 Part 4 of the Marriage Act of 1961
- Notary Public
- Member of the Australasian Institute of Mining and Metallurgy
- Teacher employed on a full-time basis at a school or tertiary education institution

Approved Overseas Certifiers

- Employee of the Commonwealth who is in a country or a place outside
 of Australia and authorised under a paragraph 3 (c) of the Consular Fees
 Act 1955; and exercising his or her function in that place
- Employee of the Australian Trade Commission who is in a country or place outside Australia; and under paragraph 3 (d) of the Consular Fees Act of 1955; and exercising his or her function in that place
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- A person authorised as a notary public in a foreign country





Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

Step 1 Customer deta	ails and identification
Title	X Mr X Mrs X Ms X Miss
Surname	
Given name(s)	
Customer no.	Phone
Identification	
ID type	
Name of person to whom it relates	
ID type	
Name of person to whom it relates	
ID type	
Name of person to whom it relates	
Step 2 Certifier's deta	ails (must not be related to applicant)
Title	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
Surname	
Given name(s)	
Residential or Business address (not a PO Box)	
Suburb	State
Postcode	Country
Phone	Mobile
Email	
Occupation	

Step 3 Certifier statement

I have examined the original identification documents listed above. I have endorsed each copy of the identification document in the following manner: This is to certify that this is a true copy of the original which I have sighted: Title, Name, Date of Birth, Signature, and Registration Number (if applicable). I am not related in any way to the applicant.

It is an offence under the Anti-Money Laundering and Counter Terrorist Financing Act 2006 to give false and misleading information.

Cert			

X					
Date	/				

Contact us



(a) Australian Unity GPO Box 1801, Melbourne VIC 3001

australianunity.com.au



bankingsupport@australianunity.com.au



300 790 740

AU0272_190611 Certifier's List and Form 3