

Please complete this form and mail it together with the supporting documentation.

New Accounts - Business Banking

ME Bank, Reply Paid 1345, Melbourne VIC 8060

If you run out of space, please complete the information requested within a second application form or on a separate sheet and return with this form.

Section 1 - Account type

Please select the account(s) you would like to apply for:

Business Investment Account

Business Term Deposit Account

Section 2 - Applicant details

Applicant type: Proprietary Company Public Company Sole Trader Trust
 Incorporated Association Union Partnership

Full legal name of applicant: *Trust applicants note: if you are company acting as a trustee, provide your name in this format (e.g. ABC Pty Ltd as trustee for the XYZ Trust)*

ABN (if any)

(sole trader, partnership and other applicant types)

ACN

(company applicants only)

Registration number

(incorporated association applicants only)

Registered business name of applicant *(including the trustee in respect of the trust) (if any)*

Registered office address or address of the trust *(PO Box is not acceptable)*

State Postcode

Address of principal place of business/administration if different to the above *(PO Box is not acceptable)*

State Postcode

Country of incorporation/establishment

Trust applicants: specify type of trust *(e.g. discretionary, family or unit trust)*

Business super fund *(if applicable)*

Business phone number

Address for notices

We may send you correspondence and notices about the Business Investment Account and/or the Business Term Deposit Account to your mailing address or by email.

Mailing address

State Postcode

Who can we contact about this application?

Name

Email address:

Section 3 - Applicant identification information and individual details

Identification information

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), we must collect certain information in relation to you. The information to be collected depends upon your organisation type and includes the following:

- If you are a **Company** - details of **each** director.
- If you are a **Partnership** - details of **each** partner.
- If you are a **Trust** - details of **each** trustee. Note: if the trustee or trustees are:
 - natural person(s) - please complete the relevant details for each individual trustee within this **Section 3**.
 - company(ies) - please complete the relevant details within **Section 4** and **Section 5** in relation to one company trustee only. If there is more than one company trustee of the trust, please detail the full name and registered office address of the other company trustees on a separate sheet and return with this application form.
- If you are a **Sole Trader** - details of the proprietor.
- If you are an **Incorporated Association** - details of the association's Chairman, Secretary and Treasurer (or equivalent officer in each case).
- If you are a **Union** - details of the union's Chairman, Secretary and Treasurer (or equivalent officer in each case).

Please arrange for each person described as applicable to your entity type to complete their details within Section 4.

We must also verify the identity of all individuals nominated in this **Section 3** of this application form, unless that person has already had their identity verified by ME Bank. We will do this electronically using reliable and independent data sources. If we are unable to verify a person's identity electronically, then we will contact them directly to request that they provide us with identification documents.

Section 3 - Applicant identification information and individual details *(continued)*

Appointment to operate on the account

Please select if you would like Person No. 3 to be an Authorised Representative or Designated User on your account(s):

Authorised Representative Designated User

Please indicate which account this appointment applies to:

Business Investment Account Business Term Deposit Account Both

Please arrange for Person No.3 to supply a specimen signature here

Please note:

- If you would like to appoint other Authorised Representatives and/or Designated Users on your account, you will need to complete a Change of Details Form available by phoning us or visiting our website.
- Once the account is established each Authorised Representative and Designated User (if any) will need to contact ME Bank by phone to set up access to the account(s).

Section 4 - Trust beneficiary details *(trust applicants only)*

Please provide the details of the beneficiaries of the trust.

If the terms of the trust identifies the beneficiaries by reference to membership of a class (e.g. family members of a named person), please provide details of the class(es):

If the terms of the trust identifies the beneficiaries by name, please provide the full name of each beneficiary:

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 - Company trustee identification information *(trust applicants only)*

Please complete in relation to one company trustee of the trust only.

Full company name

ACN

Company type: Proprietary Company Public Company

Registered office address *(PO Box is not acceptable)*

State Postcode

Principal place of business address if different to the registered office address specified above *(PO Box is not acceptable)*

State Postcode

Details of Director(s)

Please complete **Section 3** to provide details of the directors of the trustee company.

Details of Major Shareholder(s)

Please complete **Section 6** to provide details of major shareholders of the trustee company.

Section 6 - Company major shareholder's details *(company and trust applicants only)*

Please provide the details of each individual who owns 25% or more of the issued capital of the company

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address *(PO Box is not acceptable)*

State Postcode

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address *(PO Box is not acceptable)*

State Postcode

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address *(PO Box is not acceptable)*

State Postcode

Section 7 - Account options

7.1 Business Investment Account

Initial deposit (optional)

Please debit \$ from the below nominated account and credit the amount to my/our Business Investment Account.

This amount will be automatically debited from your nominated account when we open your Business Investment Account - please ensure the funds are available as this may occur prior to you receiving written confirmation of your new account details.

7.2 Nominated account details for your Business Investment Account (Mandatory)

You **must** link an Australian bank account to your new Business Investment Account. Accordingly please complete the details of your nominated account below.

Please print details as they appear on the statement of the nominated account.

Name of financial institution

Address of financial institution

State

Postcode

Account name

BSB number

Account number

Please note:

- If your nominated account is a joint account please ensure the account authority is for either party to sign.
- We do not accept third party nominated accounts so please ensure that at least one nominated account holder is also a holder of the Business Investment Account and ensure that the nominated account holder signs **Section 11** of this application form to authorise the Direct Debit Request.
- Not all financial institutions accommodate direct debit requests. If you are unsure, please check with the financial institution in question.

7.3 Business Term Deposit Account

Deposit Amount

\$ Cheque attached* Electronic transfer from nominated account**

* Cheques must be payable to at least one holder of the Business Term Deposit Account or to "ME Bank".

** For the electronic transfer of deposit funds, please complete the details of your nominated account in Section 7.4 below. Please ensure the funds are available as this amount will be automatically debited from your nominated account when we open your Business Term Deposit Account.

Term Deposit Options

Term Days or Months or the Maturity Date of

Note the minimum term is 30 days and the maximum term is 730 days. For the purpose of nominating a term please note that a month is taken to be 30 days and not a calendar month. What this means is if you for instance select a 3 month term your Business Term Deposit will be invested for 90 days.

Interest Payments:

If your Business Term Deposit Account is for a term of more than 365 days, in addition to interest being paid to you at maturity, interest will be paid to you on the 365th day from the date your account is opened. Please select how you would like to receive this interest payment:

Reinvested to the Business Term Deposit Account; Transferred to the nominated account specified in Section 7.4 below; or

Paid by bank cheque sent to my/our mailing address detailed in Section 2.

Maturity

We will write to you approximately 10 business days prior to maturity of your Business Term Deposit Account to obtain your maturity instructions. If you do not instruct us as to what should happen to your Business Term Deposit Account at least one business day prior to maturity, we will reinvest your Term Deposit for the same term at the interest rate applicable on the maturity date.

7.4 Nominated account details for your Business Term Deposit Account

You **may** link an account with another Australian financial institution to your new Business Term Deposit Account. Accordingly please complete the details of your nominated account below.

If you want ME Bank to debit money from your nominated account for your initial deposit, then you need to complete Section 7.3 above.

Please print details as they appear on the statement of the nominated account.

Account name

Name of financial institution

BSB number

Account number

Address of financial institution

State

Postcode

Please note:

- If your nominated account is a joint account please ensure the account authority is for either party to sign.
- We do not accept third party nominated accounts so please ensure that at least one nominated account holder is also a holder of the Business Term Deposit Account and ensure that the nominated account holder signs Section 11 of this application form to authorise the Direct Debit Request.

Checklist before mailing this application

Before you mail this application please check that you have completed the following:

- Signed this application correctly as specified in Section 11
- Provided a tax file number or reason for exemption
- Included a copy of a recent bank statement for the nominated account
- Identification forms completed for each individual named on this application

We may also request evidence satisfactory to us that:

- The individuals signing this application hold the positions indicated and have express authority to sign this form, and
- The business or other entity named as the account holder in this application is in existence, validly constituted, and capable of being bound by ME Bank Business Investment Account Business Term Deposit Account Terms and Conditions.

Please note: the account cannot be set up without all the relevant documents.

Section 8 - Privacy notice

By completing this application form, you are providing personal information about the individuals named in this application to ME Bank for the primary purpose of us verifying their identity in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), and to enable us to assess your application and administer your account. The personal information of the individuals named in this application may be used and disclosed to third party service providers for these purposes and without this information we may not be able to consider or approve your application.

Any of the individuals named in this application may request access to their own personal information held by ME Bank and ask for it to be corrected if it is inaccurate. To do this they should phone 1300 658 108 during normal business hours or write to the Privacy Officer, ME Bank, GPO Box 1345, Melbourne VIC 3001.

Section 9 - Customer Relations

At ME Bank, we are committed to building a reputation for excellence in customer service that includes delivering on our promises. If for some reason our service does not meet your expectations, please contact us as set out above to find out about our dispute resolution procedures. ME Bank is a member of the Financial Ombudsman Service.

Section 10 - Financial Claims Scheme

Your account is covered by the Financial Claims Scheme (Scheme). You may be entitled to payment under the Scheme. Payments made under the Scheme are subject to a limit for each depositor. Information about the Scheme can be obtained from the APRA website at www.apra.gov.au and the APRA hotline on 1300 13 10 60.

Section 11 - Declaration and direct debit request authority

1. I/We declare that all information provided in this application is true and correct.
2. I/We acknowledge and agree that I/we have obtained and read the Business Deposit Products Fees and Charges Schedule and that I/we have received any further fees and charges information requested from ME Bank.
3. I/We agree to comply with the ME Bank Business Investment Account/Bank Business Term Deposit Account Terms and Conditions. I/We agree to ensure that any Authorised Representatives or Designated Users also comply with these Terms and Conditions. Copies of these Terms and Conditions and the Business Deposit Products Fees and Charges schedule are available from mebank.com.au or by calling us on 1300 658 108.
ME Bank will also provide you with copies of the Terms and Conditions before you start using your account.
4. I/We warrant and represent as follows:
 - in the case of a sole director company, I am the sole director and sole secretary and have full power and authority to open and operate a ME Bank Business Investment Account/ Business Term Deposit Account;
 - in the case of trusts, I represent that I am the only trustee(s) of the trust and I have full trust power and authority to open and operate a ME Bank Business Investment Account/ Business Term Deposit Account;
 - in the case of a partnership/association, I represent that I have full power and authority to bind the partnership/association and each of the partners/members in accordance with its constituent documents and have full power and authority to open and operate a ME Bank Business Investment Account/ Business Term Deposit Account and I undertake to advise ME Bank if the partnership/association is dissolved or terminated or the members of the partnership change;
 - in the case of a union, I represent that the union is an association of employees that is registered or recognised as a trade union under the laws of a State or Territory of Australia, has entered this agreement in accordance with its registered rules and that I am an authorised representative of that association with full power and authority to open and operate a ME Bank Business Investment Account/ Business Term Deposit Account;
5. I/We also understand that for joint applicants the signing authority for the account is "any to sign".
6. I/We have informed the people nominated in this form that I/we have provided their personal details to ME Bank and that their personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
7. I/We agree that my/our personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
If you do not want ME Bank or its subsidiaries or its associated companies to use the personal information contained in this application form to provide such information to you, simply contact ME Bank during normal business hours on 1300 658 108 or insert a cross in this box .
8. I/We request ME Bank (User I.D. 185871), through the Bulk Electronic Clearing System, to:
 - if I/we have applied for a Business Investment Account, arrange for funds to be debited from my/our nominated account at the financial institution shown in Section 7.2 and credited to my/our Business Investment Account in accordance with (a) my/our instructions set out in Section 7.1 (if any) and (b) my/our future instructions and the future instructions of any Authorised Representative and/or Designated User that I/we may appoint on my/our account from time to time;
 - if I/we have applied for a Business Term Deposit Account, arrange for funds to be debited from my/our nominated account at the financial institution shown in Section 7.4 and credited to my/our Business Term Deposit Account in accordance with (a) my/our instructions set out in Section 7.3 (if any) and (b) my/our future instructions and the future instructions of any Authorised Representative that I/we may appoint on my/our account from time to time;*I/We acknowledge that the above direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement contained in the Business Investment Account Terms and Conditions/Business Term Deposit Account Terms and Conditions.*

Signed by the applicant

Please follow the instructions below to sign this form.

Signature Rules:

- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Partnership:** All partners to sign (unless ME Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- **Union:** Authorised Representative(s) to sign in accordance with the registered rules of the Union.
- **Trust:** All trustees to sign.

Signature 1

Position (if required)

Signature 2

Position (if required)

Print name

Date

D	D	M	M	Y	Y
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Print name

Date

D	D	M	M	Y	Y
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Members Equity Bank Pty Limited ABN 56 070 887 679 AFS Licence: 229500

Tax File Number (TFN) or Exemption

You are not required by law to provide your TFN and it is not an offence if you do not. If you do not supply your TFN or exemption, we will be obliged to deduct tax.

TFN

or reason for exemption