# Term Deposit application form

Australian company/trust/superannuation fund

## Complete and return this form along with the supporting documents to support@heartlandbank.com.au.

Alternatively, you can mail documentation to: Heartland Bank Australia Limited, PO Box 18134, Collins Street East VIC 8003. If you require more space, complete the information on a second form. If you require assistance in completing this form, contact us on 1300 221 479.

# Section 1 - Term Deposit details

court settlement, redundancy, inheritance)

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Initial deposit amount: \$		(Minimum amount \$100,000)		
Select the term you're applying for:				
Term:	31 days 24 months	3 months 6 months 9 months 12 months 36 months 48 months 60 months		
Would y	ou like the intere	st paid monthly? (Only available for 12 – 60 month terms) Yes No		
We'll se	nd you details on h	now to fund your Term Deposit via BPAY or funds transfer.		
Interes	t disbursement ir	structions:		
Rei	invest into my Ten	n Deposit		
Sei	nd to account nan	e		
BSB nu	BSB number Account number			
	•	ccount held with another financial institution, send us a copy of a bank statement issued in the last 12 months, confirming the account name and number of your nominated account.		
Maturity: We'll write to you two weeks prior to maturity seeking your reinvestment (or redemption) instructions. You can also update your maturity instructions at any time via Internet Banking.				
Select the source(s) of funds being invested:				
Bor	rowed funds	Charitable donation		
	ome from operatir	g a business Investment income (e.g. rent, dividends, pension)		
Sal	e of asset (e.g. sh	ares, property) Windfall (e.g. gift, lottery winnings)		
One-off payment (e.g. matured investment,				

# Section 2 - Customer details

## Select what type of Australian entity is opening this account:

Company	Registered managed investment scheme
Regulated superannuation fund (company trustee)	Unregulated trust (company trustee)
Regulated superannuation fund (individual trustee)	Unregulated trust (individual trustee)

For the purposes of this form an unregulated trust will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trust or charitable trust).

## 2A Regulated superannuation fund, registered managed investment scheme or trust

Ensure you provide the required identity verification documents for the trust (refer to section 8).

Full name of entity	
Country of establishment	
ABN	
For unregulated trusts (e.g. family	trust, discretiona ry trust or charitable trust), provide further details below.
Trust type	
Full name of trust settlor	
2B Company or company act	ing as trustee
Ensure you provide the required id	lentity verification documents for the company or company acting as trustee (refer to section 8).
Select the applicable company t	уре:
Public (company whose nam	e does NOT include the word Pty or Proprietary)
Proprietary (company whose	name ends with Proprietary Ltd or Pty Ltd; also known as private company)
Select relevant company catego	ory and provide the required details:
Listed company (e.g. ASX)	
Majority-owned subsidiary of	f an Australian listed company
Name of the listed company	
	ommonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC ody (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL))
Name of the regulator	
License details	
Subsidiary of a company licer that provided by ASIC as a co	nsed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond ompany registration body
None of the above	
Full name of company	
Business name (if applicable)	
Industry description (e.g. Construction, Finance and Insurance)	



ABN						
TFN exem	ption					

# Section 2 - Customer details (continued)

## Principal place of business (cannot be a PO Box)

Contact name	
Street address	
Suburb	State
Postcode	Country
Phone (home)	Mobile

# Registered office (cannot be a PO Box)

Select if registered office is the same as the principal place of business (above).

Contact name	
Street address	
Suburb	State
Postcode	Country
Phone (home)	Mobile

## Postal address (if applicable)

Street address or P	O Box
Suburb	State
Postcode	Country
Phone (home)	Mobile
Email address	

# Section 3 - Account operations

Complete this section to appoint authorised representative/s to operate your accounts held with us.

An authorised representative can enquire about the account - such as account balance, interest rate, or Term Deposit maturity date. An authorised representative cannot instruct us to redeem or reinvest Term Deposits held with us - this can only be done by the owner of the account (such as director/s of the organisation) or a nominated authorised signatory.

An authorised signatory can enquire about accounts held with us, instruct us to redeem or reinvest Term Deposit accounts, and enable or disable the ability to share data.

Ensure you provide the required identity verification documents as per section 8A.

#### Authorised person 1

Туре:	Authorised representative Authorised signatory
Full name	
Date of birth	
Is the authorised	person known by any other names? If yes, provide below.
Residential add	ress (cannot be a PO Box)
Street address	
Suburb	State
Postcode	Country
Mobile	
Email address	
What is the autl	norised person's industry that they work in and occupation?
Industry	Occupation
Authorised pers	
Туре:	Authorised representative Authorised signatory
Full name	
Date of birth	
Is the authorised	l person known by any other names? If yes, provide below.
l	
Residential add	ress (cannot be a PO Box)
Street address	
Suburb	State
Postcode	Country
Mobile	
Email address	
What is the aut	norised person's industry that they work in and occupation?
Industry	Occupation

# Section 3 – Account operations (continued)

Authorised person 3				
Type:         Authorised representative         Authorised	signatory			
Full name				
Date of birth				
Is the authorised person known by any other names? If yes, provide b	elow.			
Residential address (cannot be a PO Box)				
Street address				
Suburb	State			
Postcode	Country			
Mobile				
Email address				
What is the authorised person's industry that they work in and oc	cupation?			
Industry	Occupation			
Authorized serves (				
Authorised person 4				
Authorised person 4         Type:       Authorised representative         Authorised representative	sed signatory			
	sed signatory			
Type:         Authorised representative         Authoris	sed signatory			
Type:   Authorised representative   Authoris     Full name   Image:				
Type:     Authorised representative     Authorised       Full name     Image: Comparison of birth     Image: Comparison of birth				
Type:     Authorised representative     Authorised       Full name     Image: Comparison of birth     Image: Comparison of birth				
Type:       Authorised representative       Authorised         Full name				
Type:       Authorised representative       Authorised         Full name				
Type:       Authorised representative       Authorised         Full name	elow.			
Type: Authorised representative   Full name   Date of birth   Is the authorised person known by any other names? If yes, provide b   Residential address (cannot be a PO Box) Street address   Suburb	elow. State			
Type: Authorised representative   Full name   Date of birth   Is the authorised person known by any other names? If yes, provide b   Residential address (cannot be a PO Box)   Street address   Suburb   Postcode	elow. State			
Type: Authorised representative   Full name   Date of birth   Is the authorised person known by any other names? If yes, provide b   Residential address (cannot be a PO Box)   Street address   Suburb   Postcode   Mobile	elow. State Country			
Type: Authorised representative Authorised   Full name	elow. State Country			

If there are more authorised persons, tick this box and provide their details on a separate piece of paper. If not, proceed to section 4.

# Section 4 - Specified individuals (company or company acting as trustee)

#### **4A Director details**

Provide details of the individuals authorising this account.

Ensure you provide the required identity verification documents as per section 8A.

#### Sole or primary director

Full	name

Full name	
Distance Children	
Date of birth	

Is the director known by any other names? If yes, provide below.

# Residential address (cannot be a PO Box) Street address Suburb State Postcode Country Mobile Email address What is the director's industry that they work in and occupation? Industry Occupation Second director or secretary Full name Date of birth

Is the director or secretary known by any other names? If yes, provide below.

#### Residential address (cannot be a PO Box)

Street address	
Suburb	State
Postcode	Country
Mobile	
Email address	
What is the dir	ector or secretary's industry that they work in and occupation?
Industry	Occupation
4B Additiona	directors (proprietary companies only)
Full name	

If there are more directors, tick this box and provide their details on a separate piece of paper. If not, proceed to section 4C. 6

# Section 4 - Specified individuals (company or company acting as trustee) (continued)

#### 4C Substantial shareholder details

Substantial shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued capital. Ultimate ownership of a company's issued capital includes an individual's aggregated holdings through a chain of company ownership. This section is not required to be completed where company or company trustee is:

- Listed company (e.g. ASX)
- Majority-owned subsidiary of an Australian listed company
- Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL))

Yes ► Provide details below.

No ► If the company is acting as trustee proceed to section 5C, if not proceed to section 6.

Ensure you provide the required identity verification documents as per section 8A for each substantial shareholder.

#### Substantial shareholder 1

Full name	
Date of birth	
Date of birth	
Is the substantia	al shareholder known by any other names? If yes, provide below.

#### Residential address (cannot be a PO Box)

Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the sub	ostantial shareholder's industry that they work in and occupation?		
Industry	Occupation		
Substantial sha	areholder 2		
Full name			
Date of birth			
Is the substantial shareholder known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the substantial shareholder's industry that they work in and occupation?			
Industry	Occupation		

# Section 4 – Specified individuals (company or company acting as trustee) (continued)

Substantial shareholder 3			
Date of birth			
Is the substantial shareholder known by any other names? If y	yes, provide below.		
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the substantial shareholder's industry that they w	vork in and occupation?		
Industry	Occupation		
Substantial shareholder 4			
Full name			
Date of birth			
Is the substantial shareholder known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the substantial shareholder's industry that they w	work in and occupation?		

Industry Occupation

# Section 5 - Specified individuals (superannuation fund and other trusts)

## 5A Individual trustee(s)

Provide details of the individuals authorising this account. Ensure you provide the required identity verification documents as per section 8A.

Primary trustee (primarily responsible for the trust)			
Full name			
Date of birth			
Is the trustee known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee's industry that they work in and occupation?			
Industry	Occupation		
Secondary trustee (only required for an unregulated trust)			
Full name			
Date of birth			
Is the trustee known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee's industry that they work in and occupation?			

Industry

Occupation

# Section 5 - Specified individuals (superannuation fund and other trusts) (continued)

# 5B Additional trustees (only required for an unregulated trust)

If your trust is regulated, proceed to section 7.

Third trustee			
Full name			
Date of birth			
Is the trustee known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee's industry that they work in and occupation?			
Industry	Occupation		
Fourth trustee			
Full name			
Date of birth			
Is the trustee known by any other names? If yes, provide below.			
Residential address (cannot be a PO Box)			
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee's industry that they work in and occupation?			
Industry	Occupation		

If there are more trustees, tick this box and provide their details on a separate piece of paper. If not, proceed to section 5C.

## Section 5 – Specified individuals (superannuation fund and other trusts) (continued)

## 5C Substantial trust beneficiary details

You are not required to complete this section if the customer is a regulated trust.

#### Does the trust have any substantial beneficiaries?

Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Yes ► Provide details below.

\_\_\_ No ▶ Proceed to section 5D.

Ensure you provide the required identity verification documents as per section 8A for each substantial trust beneficiary.

#### Substantial trust beneficiary 1

Substantial trust benencially i			
Full name			
Date of birth			
Is the trust benefic	ciary known by any other names? If yes, provide below.		
Residential addre	ess (cannot be a PO Box)		
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee beneficiary's industry that they work in and occupation?			
Industry	Occupation		
Substantial trust beneficiary 2			
Full name			
Date of birth			
Is the trust beneficiary known by any other names? If yes, provide below.			

#### Residential address (cannot be a PO Box)

Street address			
Suburb		State	
Postcode		Country	
Mobile			
Email address			
What is the trustee beneficiary's industry that they work in and occupation?			

Industry

Occupation

# Section 5 – Specified individuals (superannuation fund and other trusts) (continued)

Substantial trust beneficiary 3			
Full name			
Date of birth			
Is the trust beneficiary known by a	any other names? If yes, provide below.		
Residential address (cannot be a	a PO Box)		
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee beneficiary'	s industry that they work in and occupation?		
Industry	Occupation		
Substantial trust beneficiary 4			
Full name			
Date of birth			
	any other names? If yes, provide below.		
Residential address (cannot be a	a PO Box)		
Street address			
Suburb	State		
Postcode	Country		
Mobile			
Email address			
What is the trustee beneficiary?	s industry that they work in and occupation?		
Industry	Occupation		
5D Other substantial trust be			
Provide names of other trust bene	eficiaries below then proceed to section 5E.		
Full name			

## Section 5 - Specified individuals (superannuation fund and other trusts) (continued)

#### **5E Beneficiary classes**

If the trust	t deed refers to beneficiaries in relation to membership of a class, tick this box and list each class below.
Class1	
Class 2	
Class 3	
Class 4	

If there are more Beneficiary classes, tick this box and provide their details on a separate piece of paper. If not, proceed to section 6.

## Section 6 - Other individuals controlling the entity

Are there any individuals exercising control over your entity other than those listed under sections 4A, 4C, 5A or 5C?

If your entity is a trust with a company trustee, consider both the trust and the company trustee when answering this question.

This section is not required to be completed where company or company trustee is:

- Listed company (e.g. ASX)
- Majority-owned subsidiary of an Australian listed company
- Licensed by an Australian Commonwealth, State or Territory statutory regulator and subject to supervision beyond that provided by ASIC as a company registration body (e.g. Australian Financial Services Licensees (AFSL) or Australian Credit Licensees (ACL)).

Yes ► Pro	vide details below. No ► Proceed to section 7.
Individual 1	
Capacity / Role	
Full name	
Date of birth	

Is the individual known by any other names? If yes, provide below.

#### Residential address (cannot be a PO Box)

Street address			
Suburb State			
Postcode			
Mobile			
Email address			
What is the person's industry that they work in and occupation?			
Industry Occupation			
Individual 2			
Capacity / Role			
Full name			
Date of birth			
Is the individual known by any other names? If yes, provide below.			

Residential address (cannot be a PO Box)			
Street address			
Suburb		State	
Postcode		Country	

Mobile Email address

#### What is the person's industry that they work in and occupation?

Industry	Occupation
Individual 3	
Capacity / Role	
Full name	
Date of birth	

Is the individual known by any other names? If yes, provide below.

#### Residential address (cannot be a PO Box)

Street address	
Suburb	State
Postcode	Country
Mobile	]
Email address	

## What is the person's industry that they work in and occupation?

Industry	Occupation
Individual 4	
Capacity / Role	
Full name Date of birth	

Is the individual known by any other names? If yes, provide below.

#### Residential address (cannot be a PO Box)

Street address	 
Suburb	 State
Postcode	Country
Mobile	
Email address	

What is the person's industry that they work in and occupation?		
Industry Occupation		
If there are any other individuals exercising control over your entity tick this box and provide their details on a separate piece of paper. If not proceed to section 7.		
Section 7 – Additional information		
Purpose/activities of the entity Date of formation		
Select primary source(s) of the overall wealth of the customer opening this account.		
Borrowed funds		
Charitable donations		
Income from operating a business		
Investment income (e.g. rent, dividends, pension)		
One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)		
Sale of assets (e.g. shares, property)		
Select primary source(s) of the overall wealth of the specified individuals associated with the entity (i.e. individuals listed in sections 4, 5, or 6).		
Borrowed funds		
Income from employment		
Income from operating a business		
Investment income (e.g. rent, dividends, pension)		
One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)		
Sale of assets (e.g. shares, property)		
Windfall (e.g. gift, lottery winnings)		
Is the investing entity a charity, aid organisation, foundation or a not-for-profit organisation?		
Yes – Does it provide financial or other support to recipents overseas?		
Yes – List destination countries.		

No

# Section 8 - Identity verification

#### **8A Specified individuals**

#### This section must be completed by the following individuals:

- Each person nominated as either an authorised representative or an account signatory in section 3
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 4A
- Each substantial shareholder (of company or company trustee) in section 4C
- Primary Individual Trustee of the unregulated trust in section 5A
- Second Individual Trustee of the unregulated trust in section 5A if signing in section 11
- Each substantial trust beneficiary of the unregulated trust in section 5C
- Other individuals controlling the entity listed in section 6.

#### Provide at least two of the following documents:

- Australian driver's licence containing your photograph, or
- Australian passport containing your photograph and signature, or
- a Medicare card.

If the above cannot be provided, contact our office to discuss alternative acceptable forms of documentation.

#### Please note:

- documents are required to be certified copies of the original
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, Australian passports that have expired within the preceding two years may be accepted), and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

#### 8B Company or company acting as trustee

Ensure the document(s) you provide confirm(s) either A or B and tick which document(s) you have provided.

<ul> <li>A. whether the company is:</li> <li>listed; or</li> <li>a majority owned subsidiary of a listed company; or</li> <li>regulated.</li> </ul>	<ul> <li>Up-to-date extract from the ASX database (if applicable); or</li> <li>Public document issued by the company; or</li> <li>Up-to-date extract from the relevant regulator's database (if regulated).</li> </ul>
<ul> <li>B. if the company is none of these, the:</li> <li>full name of the company; and</li> <li>whether the company is registered as a proprietary or a public company; and</li> <li>ACN.</li> </ul>	Certificate of registration issued by ASIC; or Up-to-date extract from ASIC database.

#### 8C Trust

Ensure the document(s) you provide confirm one of the following and tick which document(s) you have provided.

Superannuation funds	Up-to-date extract from ATO/APRA; or Up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
Registered managed investment scheme	Up-to-date extract from ASIC.
<ul> <li>Unregulated trusts</li> <li>full name of Trust; or</li> <li>name of Trust settlor.</li> </ul>	Provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

# Section 8 - Identity verification (continued)

#### How to certify documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

#### Sample wording

I, [full name], a [category of persons listed below], certify that this [name of document] is a true and correct copy of the original. [Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

#### Who can certify documents?

Financial corporations (bank, building society, credit union)	<ul> <li>Officer with five or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Finance company officer with five or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Officer with, or authorised representative of, a holder of an Australian financial services licence, having five or more continuous years of service with one or more continuous years of service with one or more continuous years of service with one or more licensees</li> </ul>
Post office	<ul> <li>Permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public</li> <li>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> </ul>
JP	Justice of the Peace
Legal	<ul> <li>Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)</li> <li>Judge of a court</li> <li>Magistrate</li> <li>Chief executive officer of a Commonwealth court</li> <li>Registrar or deputy registrar of a court</li> <li>Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Person authorised as a notary public in a foreign country</li> </ul>
Police	Australian Police officer
Diplomatic service	<ul> <li>Australian consular officer</li> <li>Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li> </ul>
Accountant	<ul> <li>Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership</li> </ul>

# Section 9 - Foreign Tax Status - Information required for international tax reporting requirements

#### 9A Entity type/tax status

You are not required to complete this section if the investing entity is a self-managed superannuation fund or other regulated superannuation fund.

#### Is the investing entity a tax resident of a country other than Australia?

Yes > To open an account with us, you must be exclusively an Australian resident for tax purposes.

No ► Go to section 9B

## 9B Foreign controlling persons

Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

# Are any of the individuals listed in the application form (directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

Yes ► To open an account with us, you – and any controlling persons must be exclusively an Australian resident for tax purposes.

# Section 10 - Declaration

Please read and consider the General Terms, Term Deposit Important Information Statement, Fees and Charges Schedule and Privacy Policy as applicable. Copies of these documents are available on our website **heartlandbank.com.au** or by contacting our office on **1300 221 479**.

#### By applying for an account, you agree and/or acknowledge:

- you've read and considered the General Terms, Term Deposit Important Information Statement and Fees and Charges Schedule, as applicable and agree to accept them by opening an account with Heartland Bank Australia Limited (**Heartland Bank, we, us, our**);
- all details in this application are true and correct and you indemnify us against any liabilities whatsoever arising out of us acting on any incorrect or misleading information provided by you in connection with this application or in the future;
- you have legal power to invest and/or hold the account(s) to which this application relates and have complied with all applicable laws in making this application;
- you're making this application from within Australia;
- to receive statements, notices and all other documents from us electronically, e.g. via SMS, email or Internet Banking;
- that we may change the terms and conditions for any or all accounts and other products at any time effective immediately on us sending notice to your nominated contact details, or on such later effective date as required by applicable laws; and
- that if you apply for an account as a non-individual entity where there is more than one signatory, each signatory may individually
  operate that account on an either-to-sign basis, meaning any signatory will be able to operate the account including additional
  deposits and withdrawals.

#### In relation to your personal information:

- You acknowledge reading our Privacy Policy and are aware that until you inform us otherwise, you'll be taken to have consented to all the uses of your personal information (including marketing) contained within.
- If there are any changes to information provided in the application about individuals associated with the non-individual entity investing (e.g. directors, substantial shareholders, trustees and beneficiaries), you'll inform us when the change occurs, with the consent of the relevant individual(s).

#### In relation to how we verify your identity:

- You agree to the use of electronic verification to verify your identity; and
- you understand using electronic verification involves comparing and matching information on your identity documents such as name, address, and date of birth with commercial, government and credit records using our electronic verification provider, Equifax Australia Information Services and Solutions Pty Ltd.

By ticking this box, you agree to Heartland Bank electronically verifying your information. If you don't wish to have your details electronically verified, please contact us on 1300 221 479 to discuss alternative options.

## Section 11 – Signatories

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees, we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signatory 1	
Signature	Date Date
Capacity 🗌 Sole or Primary Director (of company or company trustee)	
Primary individual trustee	
Signatory 2	
Signature	Date Date
Capacity Second Director (of company or company trustee)	
Secretary	
Second individual trustee	

Note: Payment must be received prior to 3.30pm (EST/EDT) for us to establish the account same day. Otherwise, we'll establish the account on the following business day.

HEARTLAND

- BANK –

Need to talk to us? We'd be happy to help. 1300 221 479 | heartlandbank.com.au | PO Box 18134, Collins Street East VIC 8003