

Minor Account Guarantee and Authorised Signatory Form



Please complete this form in **BLOCK LETTERS** using black or blue ink.
Please note that all fields in each section are mandatory unless specified otherwise.

A ACCOUNT THIS GUARANTEE AND AUTHORITY APPLIES TO

ACCOUNT LABEL (e.g. Holiday Account, Christmas Fund)

FULL NAME OF MINOR

B PARENT OR LEGAL GUARDIAN DETAILS

TITLE GIVEN NAME(S)

SURNAME

OTHER KNOWN NAME (if any)

DATE OF BIRTH

 / /

RESIDENTIAL ADDRESS (PO Box not acceptable)

STATE

POSTCODE

COUNTRY OF RESIDENCE (if not Australia)

POSTAL ADDRESS (if different from residential address)

STATE

POSTCODE

PREFERRED CONTACT NUMBER

HOME WORK MOBILE

HOME PHONE NUMBER

WORK PHONE NUMBER

MOBILE PHONE NUMBER

OCCUPATION

DO YOU REQUIRE A VISA DEBIT CARD? YES NO

Note: A VISA Debit card is not available on accounts where the signing authority is 'two to sign'.

DO YOU REQUIRE A CHEQUE BOOK?

YES - 50 LEAF YES - 100 LEAF NO

ACCOUNT PASSWORD

FOR YOUR CONFIDENTIALITY, THIS SECTION WILL BE DESTROYED AFTER ACCOUNT OPENING.

Please nominate an account password for security and identification purposes. The password can be letters and/or numbers with a maximum of 14 characters. For your confidentiality, your password will be destroyed after account opening.

PASSWORD

C VERIFYING YOUR IDENTITY

You must present the originals of either:

- One document from Category 1 AND one document from Category 2 or 3 or 4; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.

CATEGORY 1 <ul style="list-style-type: none"> • An Australian Driver's Licence or Learner's Permit (current) • A Proof of Age or Photo Card (current and government issued) 	CATEGORY 2 <ul style="list-style-type: none"> • An Australian Passport (current or expired within the last 2 years) • A Foreign Passport (current and with a certified English translation) • An Australian Birth Certificate or Birth Extract • An Australian Citizenship Certificate
CATEGORY 3 <ul style="list-style-type: none"> • A Utility Bill or Council Rates Notice (less than 3 months old) • A Taxation Notice or Centrelink Statement (less than 12 months old) 	CATEGORY 4 <ul style="list-style-type: none"> • A Medicare card (current) • A Pension card (current) • A Health Care card issued by Centrelink (current)

STAFF USE ONLY

PARENT OR LEGAL GUARDIAN

Existing Customer Only

CUSTOMER NUMBER

(and/or) ACCOUNT NUMBER

NEW CUSTOMER ONLY

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

 / /

EXPIRY DATE

 / /

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

 / /

EXPIRY DATE

 / /

D PRIVACY ACT CONSENT AND DISCLOSURE STATEMENT

Each person signing this form consents to their personal information being:

- collected by Rural Bank (RB) and our sales agents, including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies and contracted business originators;
- disclosed to our sales agents, entities related to RB including the Elders Group of companies, the Bendigo and Adelaide Bank Group of companies, service providers we engage to carry out functions on our behalf and relevant government authorities; and
- used:
 - to provide the financial products and services requested;
 - for administrative and operational tasks such as management reporting, research, product development and planning;
 - to comply with relevant Government Acts or Regulations; and
 - by RB, the Elders Group of companies and the Bendigo and Adelaide Bank Group of companies for marketing purposes (including marketing by phone and electronic means).

RB may not be able to provide the products and services requested if the information is not provided.

Each person can find out more information about RB and obtain a copy of our Privacy Statement by visiting ruralbank.com.au.

Each person can also access their personal information or opt out of receiving marketing material by contacting RB during normal business hours by phoning **1300 660 115** or emailing **service@ruralbank.com.au**

RB, Elders Group of companies, Bendigo and Adelaide Bank Group, contracted business originators, service providers and sales agents are all bound by the Privacy Act (Cth) (1988) and the National Privacy Principles.

E DECLARATION AND EXECUTION

If you are a new customer, you must sign below in the presence of a Bank representative.

- As a parent or legal guardian and an authorised signatory to the minor's account,
1. I consent RB opening the account to allow the minor to operate the account.
 2. I agree that I will be jointly and severally liable to and indemnify RB for any amounts due to RB and for any loss suffered by RB resulting from or in connection with the minor's breach of the terms and conditions and the amount of such loss will be a debt due to RB from me ('amount due').
 3. I authorise RB to deduct any amount due from any account in my name with RB, or if no account is held with RB, I agree to pay RB the amount due within ten business days of receiving a written notice from RB.
 4. I understand that unless otherwise indicated in this form any one account signatory can operate the account without the others' permission.
 5. I authorise another person to be appointed to this authority who is the legal guardian of the minor if I die or become incapacitated.
 6. I instruct RB to send statements of the account to my postal address as shown in section B.
 7. I consent to the collection, disclosure and use of my personal information as detailed in the Privacy Act Consent and Disclosure Statement.

8. I acknowledge receiving the Financial Services Guide and agree to be bound by the Banking Account Terms and Conditions.
 9. I declare that the information provided in the application and this authority is true and correct and RB will use it to determine whether or not to open an account and issue a VISA Debit card (if applicable).
 10. I acknowledge that any VISA Debit card issued is not a credit card facility and must not be used to overdraw the account. I acknowledge that it may be cancelled at any time.
 11. I acknowledge that any Instruction Authority Schedule completed only applies to this account and only to instructions received from the Authorised Signatory's specific fax or email detailed in this application.
- Warning:** It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

SIGNING AUTHORITY (please tick one box only)

Any one or two of the applicants or authorised signatories (if any) can operate this account.
The signature will become your specimen signature and may be applied to all accounts for which you are an authorised signatory.

PARENT OR LEGAL GUARDIAN

SIGNATURE

DATE

FULL NAME

MINOR

SIGNATURE

DATE

FULL NAME

INSTRUCTION AUTHORITY SCHEDULE (optional - please tick the appropriate boxes)

Please note that telephone instructions are not applicable where the signing authority is 'two to sign'.

I WISH TO SUBMIT INSTRUCTIONS FOR TRANSACTIONS VIA:

Telephone Fax Email

EMAIL ADDRESS (required if Email is ticked above)

F CHECKING OFFICER DECLARATION

I declare that I have:

1. Checked the application is completed correctly;
2. Verified any existing customer's signature;
3. Verified any new applicant's name, date of birth and residential address against the documents detailed in section C, copies of which have been taken and supplied; and
4. Witnessed any new applicant's signature.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER