



# NAB Tailored Deposits Application Form and Authority

Please use blue or black pen and write in BLOCK Letters

## To be completed and forwarded to your NAB Relationship Manager.

This Application Form and Authority applies to each NAB Tailored Deposit (referred to in the NAB Tailored Deposits Product Disclosure Statement (PDS) effective 7 November 2016 as updated from time to time) requested according to instructions you or your Nominated Representative(s) give to your NAB Relationship Manager and based on information included in this Application Form and Authority. The details in this Application Form and Authority will apply to each new NAB Tailored Deposit issued to you, unless updated by you via the NAB Tailored Deposits Change of Details Form submitted to your NAB Relationship Manager.

The NAB Tailored Deposits PDS (including terms and conditions) will apply to each NAB Tailored Deposit issued to you following your request to your NAB Relationship Manager. This PDS (including terms and conditions) will not be provided each time a NAB Tailored Deposit is issued to you until such time as the PDS (including terms and conditions) has been substantially changed. You will be notified of updates to the PDS or changes to the terms and conditions in accordance with the provisions in the PDS or terms and conditions respectively.

The components of each NAB Tailored Deposit will be settled in consultation with your NAB Relationship Manager, in accordance with the terms set in the NAB Tailored Deposits PDS. You'll receive a confirmation of these details when your NAB Tailored Deposit is opened.

You must answer all questions with a \* so that this form can be accepted.

If you are an *Individual/joint applicant or a controlling person of a company/trust* please complete:

- Section A: **Part A only**
- Section C: If you have a **financial adviser**
- Sections D, E, F and G

Note: controlling person of a company/trust may include directors, trustees, beneficial owners, senior managing officials, partners, secretaries, chairmen and/or public officers.

If you are a *Company/Partnership/Sole Trader/Association or Trust* please complete:

- Section A: **Part B only if you are a Company/Partnership/Sole Trader/Association**
- Section A: **Part C only if you are a Trust**
- Section B, D, E, F and G
- Section C: If you have a **financial adviser**

### Section A Depositor details

#### Part A: Individual/joint/controlling person name details

Full name(s) of depositor(s)\*

Email address\*

Telephone (landline or mobile)

Residential address (must not be a PO Box)\*

State

Postcode

Postal address (if different from residential address)

State

Postcode

Depositor 1 Full name\*

Date of birth\*

Occupation\*

TFN or reason for exemption

NAB Customer Number or NAB Identification Number\*

Depositor 2 Full name\*

Date of birth\*

Occupation\*

TFN or reason for exemption

NAB Customer Number or NAB Identification Number\*

Depositor 3 Full name\*

Date of birth\*

Occupation\*

TFN or reason for exemption

NAB Customer Number or NAB Identification Number\*

Depositor 4 Full name\*

Date of birth\*

Occupation\*

TFN or reason for exemption

NAB Customer Number or NAB Identification Number\*

**Overseas Tax Residency Self Certification**

Are you a resident of any country other than Australia for tax purposes (note: US tax residents include US citizens)?\*

Depositor 1  No  Yes Depositor 2  No  Yes Depositor 3  No  Yes Depositor 4  No  Yes

For each applicant who has answered yes to the above question, please complete the Overseas Tax Residency Self Declaration form available at [nab.com.au/overseastax](http://nab.com.au/overseastax). Your application will not be accepted until this form is collected.

**Part B: Company/Partnership/Sole Trader/Association**

Full name of Company/Partnership/Sole Trader/Association\*

Email address\*

Telephone (landline or mobile)

Registered address (must not be a PO Box)\*

State

Postcode

Principal place of business/postal address (no PO boxes will be accepted if registered address has not been supplied)\*

State

Postcode

Is the company an Australian resident for tax purposes?\*  No  Yes

ASIC Registered Status for companies only (Public or Private)

TFN or reason for exemption

ABN/ACN\*

Nature of business/industry type\*

NAB Customer Number or NAB Identification Number\*

If regulated Partnership, provide Partnership regulation details

**Overseas Tax Residency Self Certification**

Is the company organised or incorporated in the US?\*

No  Yes

Is the company a financial institution?\*

No  Yes

Is the company a resident of any country other than Australia for tax purposes?\*

No  Yes

If yes to any of the above questions, please complete the Overseas Tax Residency Self Certification Declaration Form available on [nab.com.au/overseastax](http://nab.com.au/overseastax). Your application will not be accepted until this form is collected.

In the preceding calendar year, did the company:

a) earn 50% or more of its gross income from investment sources^; AND

b) hold 50% or more of its assets† to produce investment income?\*

No  Yes

^ Investment sources include dividends, rental income, interest, distributions, royalties and annuities

† Investment assets include shares, property and bonds

**Part C: Trust**

You will need to provide a certified copy of the Trust Deed or a certified copy of an extract showing: the name of the Trust or Fund, the names of the Trustees, the names or the class of beneficiaries, the date that the Trust was created, the country in which the Trust was established, and the execution page.

Name of Trust\*

Email address\*

Telephone (landline or mobile)

Residential/registered address (must not be a PO Box)\*

State

Postcode

Principal place of business/postal address (no PO boxes will be accepted if residential/registered address has not been supplied)\*

State	Postcode

Type of Trust\*

Industry in which the Trust operates\*

NAB Customer Number or NAB Identification Number\*

Country established\*

Is the Trust an Australian resident for tax purposes?  No  Yes

ABN/ACN (if applicable)

TFN or reason for exemption

### Overseas Tax Residency Self Certification

Is the trust organised or incorporated in the US?\*

No  Yes

Is the trust a financial institution?\*

No  Yes

Is the trust a resident of any other country for tax purposes (excluding Australia)?\*

No  Yes

If yes to any of the above questions, please complete the Overseas Tax Residency Self Certification Declaration Form available on [nab.com.au/overseastax](http://nab.com.au/overseastax). Your application will not be accepted until this form is collected.

In the preceding calendar year, did the trust:

a) earn 50% or more of its gross income from investment sources<sup>^</sup>; AND

b) hold 50% or more of its assets<sup>†</sup> to produce investment income?\*

No  Yes

<sup>^</sup> Investment sources include dividends, rental income, interest, distributions, royalties and annuities

<sup>†</sup> Investment assets include shares, property and bonds

## Section B Authorising officers

### Part A: Authorising officer details

Details of each person who may give instructions on behalf of the depositor(s) concerning the NAB Tailored Deposit(s) opened under this form.

Authorising officer 1 Full name\*

Position\*

Email address\*

Authorising officer 2 Full name\*

Position\*

Email address\*

Authorising officer 3 Full name\*

Position\*

Email address\*

Authorising officer 4 Full name\*

Position\*

Email address\*

### Part B: Identification of authorising officers

Authorising officers must complete an identity check in accordance with AUSTRAC requirements, either with your NAB Relationship Manager directly or by visiting any NAB branch. Alternatively you may appoint a 'Verifying Officer' to certify authorising officers through formal identification. Verifying Officers need to complete two items, available from their NAB Relationship Manager:

i. A 'Letter of Appointment'. The Letter must be signed and dated by:

- Two Company Directors and the Verifying Officer; or
- A Director and Secretary and the Verifying Officer.

ii. A 'Certificate of Identity' form

The Verifying Officer must deliver both of these items to their NAB Relationship Manager.

Please attach at least ONE of the below required documents:

- Certified Copy of the Trust Deed
- Certified Copy of the Custodian Agreement
- Certified Copy of the Investment Management Agreement
- Custodian's Authorised Signature List
- Standard Settlement Instructions
- Fund Manager Authorised Signature List

**Section C Financial adviser details**

Full name\*

ASIC Reference Number\*

Licensee adviser number\*

Business name\*

Email address\*

Mailing address\*

State

Postcode

Telephone (landline or mobile)\*

Financial adviser stamp or licensee group\*

Licensee (if applicable)\*

Adviser Signature\*

Date\*

**Optional: Instruction to pay financial adviser (wholesale clients only)**

This only applies if you are a wholesale client. If you are a retail client, NAB will not pay any commission to your financial adviser in respect of a NAB Tailored Deposit.

Amount of commission payable

% pa. of principal invested in your NAB Tailored Deposit

NAB will pay this commission to your financial adviser, in arrears, during the term according to the payment frequency elected by you on application.

**Subsequent NAB Tailored Deposits**

Each time you request a new NAB Tailored Deposit you must arrange your commission payable (if applicable) to your financial adviser in consultation with your NAB Relationship Manager.

**Section D Account details and instructions**

For each NAB Tailored Deposit issued to me/us, I/we authorise NAB to debit the following account for the agreed principal:

Account name\*

BSB number\*

Account number\*

Financial institution\*

**Section E Nominated Account**

For each NAB Tailored Deposit issued to me/us, please pay principal and interest entitlements to the following Nominated Account:

Account name\*

BSB number\*

Account number\*

Financial institution\*

How have the funds to be deposited to this NAB Tailored Deposit been accumulated?\*( eg. salary, dividends, business operations)

## **Section F** Depositor authority

### **1. Depositor instructions**

NAB agrees to accept email or telephone instructions from the depositor(s) for your NAB Tailored Deposit(s), subject to the terms of authority set out in the *Account authority* clause of the NAB Tailored Deposits PDS.

### **2. Nominated Representative instructions**

NAB agrees to accept email or telephone instructions for your NAB Tailored Deposit(s) from Nominated Representatives (detailed in Sections B and/or C of this form), subject to the following terms of authority:

- a) Each person named as a Nominated Representative (as amended from time to time) is able to give NAB instructions by email or telephone to do the following;
  - i. Open NAB Tailored Deposit(s) with depositor funds;
  - ii. Select the components to apply to each of your NAB Tailored Deposits; and
  - iii. Elect to have principal (if applicable) and/or any additional funds (including interest) reinvested in subsequent NAB Tailored Deposits following the maturity of any of your existing NAB Tailored Deposits.
- b) Any email or telephone instruction provided by a Nominated Representative must be provided to your NAB Relationship Manager. Instructions can't be given by visiting a NAB branch.
- c) Any email or telephone instruction to pay principal and/or interest to any account other than the Nominated Account set out in Section E must be supported by a completed and signed NAB Tailored Deposits Change of Details Form.
- d) The depositor(s) agree that in relation to email or telephone instructions properly made by your Nominated Representative(s) to your NAB Relationship Manager:
  - i. NAB is authorised to accept and act upon any email or telephone instruction which purports to have been given by your Nominated Representative(s) appointed in accordance with this authority;
  - ii. NAB is under no duty to make any enquiry as to whether the telephone instructions have in fact been issued under the authority of your Nominated Representatives;
  - iii. NAB must receive all instructions given by email or telephone for processing on a particular day by 3pm (AEST). NAB reserves the right to hold any instructions received after this time for processing on the following Business Day;
  - iv. all Nominated Representatives will ratify each and every action taken by another Nominated Representative while this authority applies;
  - v. following NAB's verification of the Nominated Representative(s) who delivered the instruction, NAB isn't responsible for any loss, damage or liability the depositor(s) may suffer or incur as a result of, or in connection with;
    - NAB acting on any email or telephone instruction that purports to have been delivered from your Nominated Representative(s) on your behalf;
    - any error in the email or telephone instruction as delivered from your Nominated Representative(s); or
    - in the absence of a breach of obligation owed to a Nominated Representative, any delays in following an email or telephone instruction.
- e) NAB isn't liable if NAB acts on email or telephone instructions which are given in excess of the authority of your Nominated Representative(s) who issue/s the email or telephone instruction.
- f) NAB may choose not to accept or act upon any email or telephone instruction given under this authority if for any reason we are unsatisfied that the instruction has been issued by your Nominated Representative(s). NAB may also choose to only accept or act upon an email or telephone instruction after the instruction is confirmed or further information is provided.
- g) NAB is not obliged to action any email or telephone instruction unless there are enough funds available to carry out the request.
- h) Acting reasonably and in accordance with its legitimate business interests, NAB may vary the terms of this authority or cancel the appointment of your Nominated Representative(s) by giving at least seven days written notice.
- i) The depositor(s) may cancel the appointment of their Nominated Representative(s) at any time by giving NAB written notice. Until NAB receives the notice, NAB is entitled to continue to act on instructions of your Nominated Representative(s) and notwithstanding any inconsistent instructions given or purported to be given by the depositor(s).
- j) The depositor(s) agree that NAB may, by giving the depositor(s) notice, override this authority and require that the depositor(s) authorise all or specific instructions relating to your NAB Tailored Deposit(s).

## Section G Depositor(s) declaration and signature

- a) I/We acknowledge that I/we have read and accept the NAB Tailored Deposits PDS.
- b) I/We accept that the details included in this Application Form and Authority will apply to each NAB Tailored Deposit issued on request by me/us to my/our NAB Relationship Manager.
- c) I/We accept that the NAB Tailored Deposits PDS (including terms and conditions) issued together with this Application Form and Authority will apply to all NAB Tailored Deposits requested through my/our NAB Relationship Manager until such time as they are substantially updated and/or changed.
- d) I/We have legal power to invest in accordance with the details given on the Application Form and Authority and warrant that the details given are true and correct.
- e) If I/we have signed as Nominated Representative, I/we declare that I/we have received no notice of revocation of appointment. If investing as Trustee, on behalf of a superannuation fund or trust, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the Trust Deed.
- f) I/We agree that I/we will be bound by email or telephone instructions that I/we or my/our Nominated Representative(s) provide to NAB in respect of a NAB Tailored Deposit and without limitation such instructions given for any of the respective NAB Tailored Deposit components.
- g) I/We agree to my/our personal information being handled in accordance with NAB's Privacy Notification [www.nab.com.au/privacynotification](http://www.nab.com.au/privacynotification).
- h) I/We authorise and instruct NAB to pay the commission (where applicable), stipulated in Section C, to my/our financial adviser following the establishment of my/our NAB Tailored Deposit(s).
- i) I/We undertake to advise NAB within 30 days of any change in circumstances that affects my tax residency status and to provide NAB with an updated self certification within 30 days of such change in circumstances.

The depositor(s) must sign below to acknowledge agreement with the above terms.

### Depositor 1

Print name\*

Capacity eg. Director/Secretary

Signature\*

Date\*

### Depositor 3

Print name\*

Capacity eg. Director/Secretary

Signature\*

Date\*

### Depositor 2

Print name\*

Capacity eg. Director/Secretary

Signature\*

Date\*

### Depositor 4

Print name\*

Capacity eg. Director/Secretary

Signature\*

Date\*

Note: If signing on behalf of a company, please state your capacity.