

Wealth Remediation

Domestic Payment Instruction Form

Ref ID:

| Please complete Application form in full in black or blue pen using CAPITAL LETTERS and 🔀 where appropriate. | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------|-----------------------------------------|------------------------|------------------------|--|
| To process your payment, please provide us with your account details so that we can transfer your payment into your nominated account. | | | | | | |
| EFT Payment Instructions: | | | | | | |
| Please complete the mandatory fields marked with the asterisk* in steps 1 and 2 to have your payment deposited into your nominated account. | | | | | | |
| STEP 1 Cor | nplete your personal details | | | | | |
| * Full Name: | | | | * Date | of Birth: (DD/MM/YYYY) | |
| | | | | | 1 1 | |
| * Country of re | sidence (current): * R | esidential address: | | [| | |
| | | | | | | |
| | | | | | | |
| STEP 2 Cor | ifirm payment details | | | | | |
| * Account nam | ۰. | | | | | |
| | IC. | | | | | |
| + DCD | | | · • • • • • • • • • • • • • • • • • • • | | | |
| * BSB: | | | Account number: | | | |
| | | [| | | | |
| Our Payments Team <u>may</u> contact you to verify these bank details. | | | | | | |
| STEP 3 Attach proof of identity | | | | | | |
| Acceptable pr | imary photographic ID documents | lf your pa your ID. | ayment is over AUD \$1000, a | n Authorised persor | n will need to certify | |
| Choose ONE of the following: | | Please Au | thorised persons include: | | | |
| Valid Australian driver's licence | | 🗌 Justic | Justice of the Peace | | | |
| Australian passport (up to 2 years expiry acceptable) | | Medic | Medical Practitioner | | | |
| Valid Australian ID card with photo | | Police | Police Officer | | | |
| | | | Pharmacist | | | |
| For other acco | eptable documents and a full list of auth | orised persons and | d certification requirements | , please refer to the | Certified ID Guide. | |
| STEP 4 Ret | urn form and proof of identity | | | | | |
| Post | | | | | | |
| Please post your completed form and a copy of your identity document to: | | | | | | |
| Postal address (Domestic) Postal address (International) | | | | | | |
| | National Australia Bank Wealth Remediation Support Centre | National Aust Wealth Reme | ralia Bank diation Support Centre | | | |
| | Reply Paid 91839 PO BOX 362 ABBOTSFORD VIC 3067 ABBOTSFORD VIC 3067 | | | | | |
| | Phone: 1300 405 562 | Australia | | | | |
| 16 11.1.1. 0 | | Phone: +61 3 | | | | |
| address above | alia, please post to the domestic postal ad | dress above. If resid | aing outside of Australia, plea | se post to the interna | itional postal | |
| Full Name Si | | Signed: | igned: | | | |
| | | | | | / / | |
| | | _ × | | | | |
| Full Name | | Signed: | | Date | | |
| | | _ × | | | / / | |
| L | | | | | | |
| Full Name | | Signed: | | Date | | |
| | | X | | | / / | |

Processing times

Your payment will be processed within 30 days of receiving your form, so please do not contact us before that date.