



NAB INTERMEDIARY TERM DEPOSIT.

Application/Amendment Form.

Application form checklist

To ensure that we are able to process your application or amendment promptly, please check that you:

- Read the NAB Term Deposits Terms and Conditions and receive a copy of the flyer 'Indicator Rates – Selected Term Deposit Products'.
- Please ensure the deposit application amount meets the minimum requirement of \$10,000.
- Ensure all signatories have signed and dated the application/ amendment form at the 'Declaration and signature' section 9.
- NAB is not able to accept applications from customers with a foreign registered address, those that are Politically Exposed Persons or operate in various Prescribed Industries. See page 15, Section 12.2 and 12.3 for further information.
- Please note you must include the appropriate identification documents when submitting your application.
 - Please ensure that the documents are legible and easy to read
 - No document can be used more than once
 - Documents must be current and not expired
 - To ensure you provide the correct Identification documents for each applicant either Individual, Entity or Trust please see the table below and page 15, Section 12 for more details.
- Please note if you do not complete Section 9 we can not complete your application.

The table below explains the identification documents ('ID') required for each customer type;

Customer type	Who needs to provide ID?	What identification documents do you need to provide?	Sections of the form the Applicant needs to read and complete
Individual / Sole Trader	Each applicant	<ul style="list-style-type: none"> • 1 x Primary Photographic document • 1 X Primary Non-photographic document + 1 Secondary document • 1 x Special provision document See section 12 for additional information.	Individual - Section 1, 4, 5, 6, 7, 8, 9, 10, 11, 12 Sole Trader - Section 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
Company	Each signatory	Each signatory to be identified as per the requirements for an Individual (see individual identification document requirements)	Section 2 (Entity and Applicant details), 4, 5, 6, 7, 8, 9, 10, 11, 12.
Trust	At least one Trustee	<ul style="list-style-type: none"> • Each Individual Trustee to be identified as per the requirements for an Individual (see individual documentation requirements above) • Each Corporate Trustee is required to be identified as per the requirements for a company 	Section 1 (Individual Trustee), Section 2 (Corporate Trustee), Section 3 (Trust Details), 4, 5, 6, 7, 8, 9, 10, 11, 12.
	Trust	<ul style="list-style-type: none"> • An original or certified copy of the Trust Deed[^] OR • Full copy of the Trust Deed including any amendments with an email from the Trustee confirming the Trust Deed is a true copy of the original document. 	
Partnership	<ul style="list-style-type: none"> • At least one Partner • Each signatory (including partners) • Partnership Business 	The Partner and each signatory to be identified as per the verification requirements for an individual <ul style="list-style-type: none"> • An original or certified copy[^] of the Partnership Agreement or, a membership certificate of a professional association • If the Partnership is not regulated, collect full name, residential address and tax status of all other partners; • The full name, address, date of birth, and Tax Status of each Beneficial Owner. If there is no Beneficial Owner, then of the senior managing official or equivalent. 	Section 2 (Entity and for each Partner Applicant details), 4, 5, 6, 7, 8, 9, 10, 11, 12.

**for more information on document types please see section 12, page 15.

[^] A certified copy is a copy of an original document which has been approved as a 'true and accurate copy'. Certification must be completed in accordance with each State's requirements. A certified copy cannot be more than 3 months old.

* Beneficial Owners are the Individuals who own 25% or more of the entity in the company – whether directly (e.g. a shareholder) or indirectly (e.g. through a holding company). If there is no beneficial owner this applies to the individual who holds the position of Senior Managing Official (or equivalent).

Please forward the completed application/amendment form with any other required documentation to:

Term Deposits (email IntermediaryTD@nab.com.au)
 NAB Term Deposits (via Intermediary) Administration Team
 Level 30, 500 Bourke Street
 Melbourne VIC 3000



NAB Intermediary Term Deposit Application/Amendment form

Please complete in full this Application or Amendment form in black or blue pen

Is this an amendment to an existing NAB Intermediary Term Deposit ? No Yes

If yes, please complete your Account/Deal Number below and all of the appropriate section(s) in this form where the information should change. If no, please complete all mandatory sections of this form.

Account/Deal Number

You should read the terms and conditions for NAB Term Deposits before signing this application.

Section 1 Individual / Joint / Individual Trustee

If you are an existing NAB customer, please provide your NAB customer number or NAB ID

Term Deposit account name

Applicant 1

Title*

Mr Mrs Miss Ms Dr Other

Given name(s)*

Surname*

Date of Birth*

 / /

Gender

M F

Occupation*

Telephone

()

Email address

Residential address (must not be a PO Box)*

State

Postcode

Postal address (no postal boxes will be accepted if a residential address has not been supplied)

State

Postcode

Personal Tax Details*

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries ? Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If yes, please provide their Tax File Number (TFN)

If no, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

^If no TIN is provided, select a reason from the following list:

A - This country does not issue TIN's

B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.

C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Applicant 2

If you are an existing NAB customer, please provide your NAB customer number or NAB ID _____

Title*

Mr Mrs Miss Ms Dr Other _____

Given name(s)*

Surname*

Date of Birth*

____ / ____ / ____

Gender

M F

Occupation*

Telephone

() _____

Email address

Residential address (must not be a PO Box)*

State

Postcode

Postal address (no postal boxes will be accepted if a residential address has not been supplied)

State

Postcode

Personal Tax Details*

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries? Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If yes, please provide their Tax File Number (TFN) _____

If no, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^If no TIN is provided, select a reason from the following list:

A - This country does not issue TIN's

B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.

C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Section 2 Entity Details

Company Corporate Trustee Partnership Association Sole Trader Australian Government Body

Term Deposit account name*

Full Legal Name of Entity / Government body*

ABN ACN TFN (where applicable)

ASIC Registered Status for Companies only (Public or Private)

Nature of Business / Industry*

Principal place of Business address* (No PO boxes will be accepted if Registered address has not been supplied)

State

Postcode

Principal place of Business Registered office address (if different from above)

State

Postcode

Country in which the Company / Corporate Trustee / Partnership / Association / Sole Trader / Government body is registered

Australia Other

NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Contact name for Entity

Telephone

Email

If regulated Partnership provide Partnership regulation details (eg. current membership directory)

Entity Tax Details

Is your entity registered in Australia for tax purposes?* Yes No

Part A - Entity FATCA (Foreign Account Tax Compliance Act) Details

Is your entity established or incorporated in the U.S.?* Yes – complete part (a) No – go to (b)

(a) If yes, provide your U.S. Employer Identification Number (EIN)*

(b) Is your entity a Financial Institution under the Foreign Account Tax Compliance Act (FATCA) definition?* Yes No - go to (c)

If yes, provide the Global Intermediary Identification Number (GIIN) & FATCA status.

GIIN*

FATCA Status*

(c) In the preceding calendar year, did your entity:

- i) Earn 50% or more of its gross income from investment sources**;
- and;
- ii) Hold 50% or more of its assets^ to produce investment income; and;
- iii) Have US citizens or US residents as controlling persons? (beneficial owners)? Yes No Please complete question (d) below

(d) Is this entity a regulated partnership? Yes No

** Examples of investment income sources are dividends, rental income, interest, distributions, royalties and annuities.

^Examples of investment income assets are shares, property and bonds.

Part B - Entity CRS (Common Reporting Standard) Details

(a) Is your entity a resident of any other country for tax purposes (excluding Australia and the U.S.)? Yes No Please answer question (b) below

If yes, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^If no TIN is provided, select a reason from the following list:

- A – This country does not issue TIN's
- B – I do not hold a TIN (please explain why above)
- C – It is not mandatory for me to disclose my TIN for this country

(b) In the preceding calendar year, did your entity:

*Mandatory fields must be completed.

- i) Earn 50% or more of its gross income from investment sources**; and
- ii) Hold 50% or more of its assets^ to produce investment income. Yes No

** Examples of investment income sources are dividends, rental income, interest, distributions, royalties and annuities.
 ^Examples of investment income assets are shares, property and bonds.

Applicant 1

What capacity are you completing this section?*(Tick more than one box if required)

Individual Director Trustee Beneficial Owner Senior Managing Official

Settlor Partner Secretary Chairman/President Public Officer

Other _____

If you are a NAB customer, please provide your NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Title*:

Mr Mrs Miss Ms Dr Other _____

Given Name(s)* _____ Surname* _____ Date of Birth* _____ / _____ / _____

Residential Address (must not be a PO Box)* _____ State _____ Postcode _____

Occupation* _____ Telephone _____ Email _____

Personal Tax Details

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries?* Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If Yes, please provide their Tax File Number (TFN) _____

If No, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^If no TIN is provided, select a reason from the following list:
 A - This country does not issue TIN's
 B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.
 C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Applicant 2

What capacity are you completing this section?*(
(Tick more than one box if required)

- Individual Director Trustee Beneficial Owner Senior Managing Official
 Settlor Partner Secretary Chairman/President Public Officer
 Other _____

If you are a NAB customer, please provide your NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Title*:

- Mr Mrs Miss Ms Dr Other _____

Given Name(s)*

Surname*

Date of Birth*

 / /

Residential Address (must not be a PO Box)*

State

Postcode

Occupation*

Telephone

Email

Personal Tax Details

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries?* Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If Yes, please provide their Tax File Number (TFN) _____

If No, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

^If no TIN is provided, select a reason from the following list:

A - This country does not issue TIN's

B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.

C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Applicant 3

What capacity are you completing this section?*(
(Tick more than one box if required)

- Individual Director Trustee Beneficial Owner Senior Managing Official
 Settlor Partner Secretary Chairman/President Public Officer
 Other _____

If you are a NAB customer, please provide your NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Title*:

- Mr Mrs Miss Ms Dr Other _____

Given Name(s)*

Surname*

Date of Birth*

_____ / _____ / _____

Residential Address (must not be a PO Box)*

State

Postcode

Occupation*

Telephone

Email

Personal Tax Details

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries?* Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If Yes, please provide their Tax File Number (TFN) _____

If No, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^If no TIN is provided, select a reason from the following list:

A - This country does not issue TIN's

B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.

C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Applicant 4

What capacity are you completing this section?*(
(Tick more than one box if required)

- Individual Director Trustee Beneficial Owner Senior Managing Official
- Settlor Partner Secretary Chairman/President Public Officer
- Other _____

If you are a NAB customer, please provide your NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Title*:

- Mr Mrs Miss Ms Dr Other _____

Given Name(s)*	Surname*	Date of Birth* / /
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Residential Address (must not be a PO Box)*	State	Postcode
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Occupation*	Telephone	Email
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Personal Tax Details

Are you SOLELY an Australian resident for tax purposes and of No other foreign countries?* Yes No

*U.S. citizens and green card holders are deemed to be U.S. residents for tax purposes.

If Yes, please provide their Tax File Number (TFN) _____

If No, please provide the following details for each country:

Country*	TIN*	Reason if no TIN^*	Explanation if reason code B is selected*

^If no TIN is provided, select a reason from the following list:
A - This country does not issue TIN's
B - I do not hold a Taxpayer Identification Number (TIN). Please explain why above.
C - It is not mandatory for me to disclose my TIN for this country

*Mandatory fields must be completed.

Section 3 Trust information

Is the application for a Superannuation Fund or Trust ?

- If Yes, complete below
- If No, go to section 4

Name of Trust*

NAB Customer number or NAB ID (8 digit number on the back of your NAB Debit or Credit card)

Type of Trust*

Country in which Trust was established (if not Australia we can not accept this application)*

Registered address (must not be a PO Box)*

<input type="text"/>	State	Postcode
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Postal Address (if different to the registered address)

<input type="text"/>	State	Postcode
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Industry/ Nature of Business*

ABN (for Trust if applicable)

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

(If Yes, please enter your Tax File Number (TFN) or exemption reason below)

Is the Trust organised or incorporated in the US?* Yes No

Is the Trust a resident of any other country for tax purposes?* Yes No

Applicant to complete Beneficiary details below unless the Trust is a Superannuation Trust

Beneficiary 1

Title*:

Mr Mrs Miss Ms Dr Other

Given name(s)*

Surname*

Description of the Class of beneficiaries (only applicable if the names of the beneficiaries are not provided)

Date of Birth*

 / /

Beneficiary 2

Title*:

Mr Mrs Miss Ms Dr Other

Given name(s)*

Surname*

Description of the Class of beneficiaries (only applicable if the names of the beneficiaries are not provided)

Date of Birth*

 / /

*Mandatory fields must be completed.

Section 4 Contributions

Instructions for payments from you

I wish to make all payments in connection with NAB Term Deposits (via Intermediary) via the following method (please tick):

- Direct Debit from my account – you must complete the Direct Debit Request below, or
 Payment into NAB's nominated account

Important Note: The Direct Debit Request contribution method has a limit of \$5 million per transaction

How have the funds to be deposited into this account been accumulated?* (E.g. salary, rental income)

Direct Debit Request

You must read the Direct Debit Request Service Agreement contained in section 11 of this application form before completing this section. The Direct Debit Service Agreement contains important information regarding the operation of the Direct Debit Request Service and should be retained by you. You can request a copy of the Direct Debit Service Agreement at any time by contacting the Administration team on 1800 227 611.

Request and authority to debit the account named below to pay National Australia Bank Limited

By signing this application form and completing this Direct Debit Request the applicant requests and authorises National Australia Bank Limited (the "User") (User ID number 389850) to arrange for any amount National Australia Bank Limited may direct debit the applicant under the agreement in respect of all payments to be debited through the Bulk Electronic Clearing System from or to an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (refer to section 11).

Name and address of financial institution at which account is held

Name of Institution

Address of Institution

State

Postcode

Details of account to be debited

Name of account

BSB Number

Account Number

Section 5 Payments

Important Note: Where your contributions are via Direct Debit Request NAB will pay interest and principal payments to account detailed in Section 4

Interest payments

I/We instruct NAB to distribute interest to my nominated account:

- Monthly
 Quarterly
 Half-yearly
 Annually

For terms less than 1 year, interest is paid on maturity only.

Maturity payments

On maturity NAB is instructed to:

- Reinvest principal and interest
 Reinvest principal only and credit interest to the Australian financial institution account nominated below
 Credit principal and interest to the Australian financial institution account nominated below

Nominated account details

Principal

Bank BSB Account number Account name

Interest

Bank BSB Account number Account name

*Mandatory fields must be completed.

Section 6 Account authority**Operating authority**

Where there is more than one account signatory, please indicate any requirements for signing authority. If no election is made, any signatory may sign solely.

- All applicants must sign for transactions
 Either applicant may sign for transactions

Appointment of AFSL Licensee

Investors hereby appoint any employee or representative of its AFSL Licensee listed in Section 10 of this application form to operate this account in accordance with the terms and conditions contained in section 7.

Section 7 Customer authority

- (a) Any employee or representative of the AFSL Licensee listed in section 10 is able to give NAB instructions by telephone, email or in writing to do the following on your behalf:
- place money on term deposit;
 - facilitate payment of interest to the account identified in section 5 for this purpose;
 - facilitate full or part prepayment of a term deposit to account identified in section 5 for this purpose;
 - provide copies of your identification details with your application
 - extend a term deposit; and
 - increase an amount on term deposit.
- (b) Any telephone or email instructions provided by any employee or representative of the AFSL Licensee listed in section 10 must be given to your NAB Dealer. Instructions can't be given by visiting a branch.
- (c) Any instruction to pay interest or principal to any other account other than the accounts set out in section 5 must be supported by a written request and signed by you.
- (d) You agree that in relation to telephone or email instruction properly made by any employee or representative of the AFSL Licensee listed in section 10 to a NAB Dealer:
- NAB is authorised to accept and act upon any telephone or email instructions given to NAB (for the purposes of each Term Deposit in your name) which purports to have been given by any employee or representative of the AFSL Licensee listed in section 10 in accordance with this authority;
 - NAB is under no duty to make any enquiry as to whether the telephone or email instructions have in fact been issued with your authority;
 - NAB must receive all instructions given by telephone for processing on a particular day by 3pm (Melbourne time). NAB reserves the right to hold any instructions received after this time for processing on the following business day;
 - that you will ratify each and every action taken by any employee or representative of the AFSL Licensee listed in section 10 while this authority applies;
 - Following NAB's verification of any employee or representative of the AFSL Licensee listed in section 10 NAB isn't responsible for any loss, damage or liability you may suffer or incur by reason of, or in connection with:
 - (i) NAB acting on any telephone or email instruction that purports to have been delivered from any employee or representative of the AFSL Licensee listed in section 10 on your behalf;
 - (ii) any error in the telephone or email instruction; or
 - (iii) any delays in following a telephone instruction;except to the extent that such loss, damage of liability is due to NAB's unlawful or negligent acts.
- (e) NAB isn't liable if NAB reasonably acts on telephone or email instructions which are the result of forgery, fraud or error or are given in excess of the authority of any employee or representative of the AFSL Licensee listed in section 10 who issues the telephone or email instruction, except to the extent that NAB is liable due to our unlawful or negligent acts.
- (f) NAB may choose not to accept or act upon any telephone or email instruction given under this authority if, in NAB's reasonable opinion, we are unsatisfied that the instruction has been issued by any employee or representative of the AFSL Licensee listed in section 10. NAB may also choose to only accept or act upon a telephone or email instruction after the instructions are confirmed or further information is provided.
- (g) NAB is not obliged to action any telephone or email instruction unless there are enough funds available to carry out the request.
- (h) NAB may vary the terms of this authority or cancel the appointment of an AFSL Licensee listed in section 10 by giving you and the AFSL Licensee at least seven days written notice. If any variation made has an adverse impact on you, you may terminate this authority.
- (i) If your AFSL Licensee informs us that you no longer have a relationship with them, NAB will allow your Term Deposit proceeds to mature into the account nominated in Section 5. If you would like to maintain a direct deposit relationship and provide NAB with instructions thereafter, you will need to go into a NAB branch and confirm your identification and be issued with a NAB Customer number (if you have not already provided one).

Section 8 Other authorities**Nominated representative**

Investors may appoint their AFSL Licensee on their account for the purposes of providing instructions on other products and services limited to those outlined below:

On-line access through NAB Connect

- I/we hereby instruct NAB to provide to my AFSL Licensee listed in section 10 access to view transactions and balances on this account via their NAB Connect service.

*Mandatory fields must be completed.

Section 9 Declaration and signature

- I/We acknowledge that I/we have read the flyer 'Indicator Rates – Selected Term Deposit Products' for NAB Term Deposits (via Intermediary) and the terms and conditions upon which the account would operate, and have asked NAB or an independent legal advisor any questions I/we have about any terms which apply to the account, and agree to be bound by them.
- I/We have legal power to invest in accordance with the details given on the application form and warrant that the details given are true and correct. If I/We have signed as Attorney, I/We declare that I/we have received no notice of revocation of that power. 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.
- I consent to my/our personal information being collected, used and disclosed in accordance with NAB's Privacy Policy and NAB's Privacy Notification.
- I/We authorise National Australia Bank Limited to disclose to the AFSL Licensee on the application (if any), information relating to my/our NAB Term Deposit (via Intermediary) or any subsequent information relating to that deposit or any products transacted with NAB in accordance with this agreement.
- I/We understand this will not include disclosure of my/our TFNs or any information relating to it/them.
- I/We appoint the AFSL Licensee in section 10 of this application form to operate this account in accordance with the terms and conditions contained in section 7.
- If elected, I/We agree to be bound by the terms and conditions associated with the facility referred to in section 7 of this application.
- I/We acknowledge that the AFSL Licensee listed in section 10 may be paid a commission (at no direct cost to me) of up to 0.50% pa of the term deposit. (Note: This only applies if you are a wholesale client. If you are a retail client, NAB will not pay any commission to your AFSL Licensee in respect of a term deposit opened from 1 July 2014.)
- I/We understand that although there are no bank fees associated with this term deposit, if I/we choose to withdraw any amount from the term deposit prior to the maturity of the term, I/we may incur a reduction in interest in accordance with the terms and conditions upon which this account will operate. We understand that we can contact NAB on 1800 227 611 if we require further information on this reduction in interest.
- 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.
- If Company or Trustee has 2 or more Directors at least two Directors must sign. Where Company or Trustee has one Director and one Company Secretary, both must sign. Where Company or Trustee has a sole Director without Company Secretary, such sole Director must sign.

To meet our regulatory obligations under the Anti-Money Laundering and Counter Terrorism Financing Act, NAB needs to verify your identity and perform customer due diligence procedures. I/We consent to NAB and its related companies taking the following actions to verify and re-verify my identity electronically;

- provide my name, address and date of birth to credit reporting bodies (such as Equifax) to get them to provide an assessment of how well that information matches the information they hold about me. This is NOT a credit check.
- provide my name, address, date of birth and details or copies of my ID documents (such as my passport or driver's licence) to a verification service (such as Edentiti) to get them to provide an assessment of how well that information matches the information they hold or can access about me. They may contact the authority that issued the document, use a government or other verification service, or use third party systems, databases and services (which may involve sending your information from Australia to New Zealand or vice versa) to help them do this.
- Unless you withdraw your consent, we may use hold and provide my information using these processes to verify or re-verify my identity on one or more occasions, to meet NAB's regulatory requirements under the Anti-Money Laundering and Counter Terrorism Financing Act. You may withdraw your consent at any time by contacting the NAB Intermediary Term Deposit desk on #1800 227 611 from 9.00am to 5.30pm Eastern Standard Time.
- You can find out more about how NAB handles personal information in our Privacy Policy here at <https://www.nab.com.au/common/privacy-policy>. NAB's Privacy Policy includes information about how to request access to or the correction of the information NAB holds about you and also sets out how you can make a privacy-related enquiry or complaint.

Yes, I consent to NAB providing my information to verification service and/or credit reporting bodies to electronically verify or re-verify my identity on one or more occasions in future.

Signature

X

Print name

Date

/ /

Capacity* e.g. director/secretary

Signature

X

Print name

Date

/ /

Capacity* e.g. director/secretary

*If signing on behalf of a Company investment, please state your capacity.

Section 10 AFSL Licensee details

AFSL Licensee number

Business name

Contact Name

Telephone number

()

Email address

Dealership (if applicable)

Address

State

Postcode

*Mandatory fields must be completed.

11.1 Debiting your Account

By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your Account. You should refer to the Direct Debit Request and this Direct Debit Request Service Agreement for the terms of the arrangement between us and you.

We will only arrange for funds to be debited from your Account as authorised in the Direct Debit Request.

If the Debit Day falls on a day that is not a Business Day, we may direct your Financial Institution to debit your Account on the following Business Day.

If you are unsure about on which day your Account has been or will be debited you should ask your Financial Institution.

11.2 Changes by us to direct debits

We may amend any details of the Direct Debit Request Service Agreement or a Direct Debit Request at any time by giving you at least 14 days' written notice. If any variation made has an adverse impact on you, you may terminate the Direct Debit Request Service Agreement.

11.3 Changes by you to direct debits

Subject to the other provisions of this clause 11.3, you may change the arrangements under a Direct Debit Request by contacting us on 1800 227 611.

If you wish to stop or defer a Debit Payment, you must notify us or your Financial Institution in writing (which must be in a letter physically signed by you and posted or emailed to us or your Financial Institution) at least 14 days before the next Debit Day. This notice should be given to us in the first instance. If you first notify your Financial Institution, you must promptly let us know.

You may also cancel your authority for us to debit your account at any time by giving us or your Financial Institution 14 days notice in writing (which must be in a letter physically signed by you and posted or emailed to us or your Financial Institution) before the next Debit Day. This notice should be given to us in the first instance. If you first notify your Financial Institution, you must promptly let us know.

11.4 Your obligations regarding direct debits

It is your responsibility to ensure that there are sufficient cleared funds available in your Account to allow a Debit Payment to be made in accordance with the Direct Debit Request.

If there are insufficient cleared funds in your Account to meet a Debit Payment:

- a. you may be charged a fee and/or interest by your Financial Institution;
- b. you may also incur fees or charges imposed or incurred by us; and
- c. you must arrange for the Debit Payment to be made by another method or arrange for sufficient cleared funds to be in your Account by an agreed time so that we can process the Debit Payment.

You should check your Account statement to verify the amounts debited from your Account.

11.5 Disputes about direct debits

If you believe that there has been an error in debiting your Account, you should notify us directly on 1800 227 611 and confirm that notice in writing (which must be in a letter physically signed by you and posted or emailed to us) with us as soon as possible so that we can resolve your query more quickly.

If we conclude as a result of our investigations that your Account has been incorrectly debited, we will respond to your query by arranging for your Financial Institution to adjust your Account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your Account has been adjusted.

If we conclude as a result of our investigations that your Account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding.

Any queries you may have about an error made in debiting your Account should be directed to us so that we can attempt to resolve the matter between you and us.

If we can't resolve the matter, you can still refer it to your Financial Institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

11.6 Accounts for direct debits

You should check:

- a. with your Financial Institution whether direct debiting is available from your Account as direct debiting is not available on all accounts offered by Financial Institutions;
- b. that the Account details which you have provided to us are correct by checking them against a recent Account statement; and
- c. with your Financial Institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

11.7 Confidentiality around direct debits

We will keep any information (including your Account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that we have about you in relation to your Direct Debit Request:

- a. to the extent specifically required by law; or
- b. for the purposes of this Direct Debit Request Service Agreement (including disclosing information in connection with any query or claim).

11.8 Notices regarding direct debits

If you wish to notify us in writing about anything relating to this Direct Debit Request Service Agreement, you should

Email: intermediarytd@nab.com.au; or Mail to:

NAB Term Deposits (via Intermediary) Administration Team
Level 30
500 Bourke Street
Melbourne, Victoria 3000

Section 12

Identification documents

The following identification document types must be included with your application.

Options	Document Combination Rules
1	1 x Primary Photographic Document
2	1 x Primary Non-photographic Document + 1 Secondary Document
3	1 x Special Provision Document

Individuals

Document category	Document type/name
Primary photographic Document(s)	• Australian Drivers License
	• Australian Passport
	• Medicare Card
	• Proof of Age card
Primary Non-photographic Document(s)	• Birth Certificate
	• Citizenship Certificate
	• Pension/Health Care/Seniors Health cards – Australian Government issue
Secondary Document(s)	• Utility bill
	• Rates notice
	• Australian Taxation Office notice
	• Financial Benefits Statement
Special Provisions Document(s)	• International travel document (excluding passport)

Please see further explanation on important customer types

12.1 Beneficial Owners and Senior Managing Officials

Trusts (not regulated)

Any of the following persons are beneficial owners and should be included in this form;

- appointer or protector of the trust
- any other individual who can appoint/remove trustees or add/remove beneficiaries
- trustees who have discretion over how to distribute trust property (or where the trustee is a company, the individuals who own or control the trustee, including through a chain of ownership or control)
- any individual who can direct or veto the decisions of the trustee(s)

Companies, Partnerships, Associations

The following persons are beneficial owners and should be included in this form;

- Any individual who ultimately owns (directly or indirectly) 25% or more of the entity or organisation (for a company this means 25% or more of the issued capital).
- Where there are no such individuals provide the details of any individuals who exercise control (directly or indirectly) through;
 - The ultimate authority to make financial and operating decisions on a day to day basis;
 - Voting rights of more than 25% or more;
 - Authority to control decisions and operations through a power of veto; or
 - For co-operatives and associations, entitlement to on dissolution to 25% or more of the property of the co-operative and association.
- An individual will have control if they hold the relevant rights or powers directly, or indirectly through a chain of ownership or by means of trusts, agreements, arrangements, understanding and practices.

If you can not identify a beneficial owner, provide the details of a Senior Managing Official;

- Is an individual who makes or participates in key decisions or can significantly affect the entity's financial standing of the Company (example CEO, COO, President, Treasurer, Secretary, Chairman, Partner, Managing Director).

12.2 Politically Exposed Person(s)

Any of the following persons are defined as Politically Exposed Persons.

- The following who holds or has previously held a prominent public position or function in a government body or an international organisation.
- Head of State or head of a country or government.
- Government minister or equivalent senior politician; or senior government official
- Judge of the High Court of Australia, the Federal Court of Australia or a Supreme Court of a State or Territory, or a Judge of a court of equivalent seniority in a foreign country or international organisation
- Governor of a Central Bank or any other position that has comparable influence to the Governor of the Reserve Bank of Australia
- Senior foreign representative, ambassador, or high commissioner
- High-ranking member of the armed forces
- Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State Owned Enterprise or international organisation

Who is an immediate family member of a person referred to in section 12.2 above, including:

- a spouse or
- a de facto partner or
- a child and a child's spouse or de facto partner or
- a parent

Who is a close associate of a person referred to in section 12.2, which means any individual who is known (having regard to information that is public or readily available) to have:

- joint beneficial ownership of a legal entity (e.g. Company) or legal arrangement (e.g.Trust) with a person referred to in section 12.2 or,
- sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of a person described in section 12.2

12.3 Prescribed Industries

- Registered Money Service Business (MSB)
- Explosives Manufacturers/Arms Dealers
- Gambling and gaming (including offshore)
- High Value Dealers - precious gems and metals
- Licensed Escort Agencies/Brothels
- Charities

Directory

The registered address of the issuer:

National Australia Bank Limited
Level 4 (UB4440)
800 Bourke Street
Melbourne VIC 3008

Service and Support

The Intermediary Term Deposit desk
is available from 9.00am to 5.30pm,
(EST) Monday to Friday on:

Tel: 1800 227 611
Fax: 1300 854 562
Email: intermediarytd@nab.com.au