



Woolworths Team Bank

APPLICATION FOR SHAREHOLDER MEMBERSHIP

- Individual Joint
 Sole Trader Partnership

Member Number

A. PERSONAL DETAILS

PRIMARY MEMBER

Branch Contact Password

Title

D.O.B.

Surname

Given Name/s

Other commonly known name

Residential Address State

Postcode

Postal Address

Store #

Email Address Dept.

Home Phone Mobile Work

Are you a politically exposed person? Yes No

JOINT MEMBER

Branch Contact Password

Title

D.O.B.

Surname

Given Name/s

Other commonly known name

Residential Address State

Postcode

Postal Address

Store #

Email Address Dept.

Home Phone Mobile Work

Are you a politically exposed person? Yes No

ELIGIBILITY FOR MEMBERSHIP (Please tick ✓)

I am an employee of one of the Woolworths (Aust) Ltd Group of Companies (specify)

I am related to

(Name of Member)

(Relationship to Member)

B. SOLE TRADER/ PARTNERSHIP

REGISTERED BUSINESS NAME/PARTNERSHIP DETAILS

Please state registered Business Name or Partnership Name (we need to sight original or a copy of the Business Name Registration Certificate, if you use a Registered Business Name)

Registered Business Name ABN

Partnership Name ABN

Principal Business Address

State Postcode

Postal Address

State Postcode

Business Email Website

When opening a Partnership Joint Account, the signatories confirm that the name of the partnership is as listed above

C. SELECTING YOUR ACCOUNTS AND ACCESS FACILITIES (Please tick ✓)

Choice of Account Types

- | | |
|--|--|
| <input type="checkbox"/> Access Savings
A simple and convenient way for managing your money | <input type="checkbox"/> Goal Account
Focus on your goals and save towards them |
| <input type="checkbox"/> Net Plus Internet Savings
Maximise your interest with every day access via the internet | <input type="checkbox"/> Budget Savings
Manage your Bill Paying with a carefully planned budget |
| <input type="checkbox"/> Saver Plus (\$500 minimum balance)
<i>Offers higher interest rates as your balance grows</i> | <input type="checkbox"/> BU Account
Financial Independence for 13-17 year olds |
| <input type="checkbox"/> Christmas Club
Plan ahead for the festive season | <input type="checkbox"/> Super Saver Account
Perfect for children up to 12 years |
| <input type="checkbox"/> Cash Management Account
Ideal if you have large sums, like a good return, but do not wish to commit to a long term investment | <input type="checkbox"/> Telephone Banking (Numeric)
A range of options a simple telephone call away
Password <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Choice of Access Facilities

- | | |
|--|--|
| <input type="checkbox"/> Visa Debit Card
Providing you world wide access to your funds | <input type="checkbox"/> Internet Banking
Banking from the comfort of your own home
• Must contain a least one alpha and one numeric character.
• Must have a minimum of 8 and a maximum of 12 characters. |
| <input type="checkbox"/> Redicard
ONLY available to members under 18 years old | |
| <input type="checkbox"/> Member Chequing
Personalised chequing facility | Interim Password <input type="text"/> |

* Before selecting your preferred account types and access facilities, please refer to our Product Disclosure Statement and Summary of Accounts & Availability of Access Facilities

ACCOUNT OPERATION METHOD (Please tick ✓)

- Any One to Sign All Parties to Sign

I/ We apply for membership of Woolworths Team Bank, and undertake to deposit the sum of \$1.00 for share capital, which is fully refundable in accordance with the Constitution should I/we close my/our membership

I/ We agree to be bound by the 'VISA/Redicard Conditions of Use' and all other terms and conditions applicable to the selected Accounts and Access facilities. I/ We acknowledge that my/our Cards and Personal Identification Numbers will be mailed to my/our residential address

Signature Date

Signature Date

PROOF OF IDENTITY

In accordance with relevant Acts of Parliament, all financial institutions must prove your identity when you become a signatory of an account. These procedures will occur once only for each signatory and information provided will apply all accounts which are held by the applicant/s.

Identity Verification Requirements

All account signatories are required to provide;

- ONE document from List A; or
- TWO documents, one from List B and one from list C

Documents must be either original documents, or certified copies (refer to List of persons who can certify copies)

Category A List (Please tick ✓)

- Photo driver's licence issued by a State or Territory
- Photo ID card issued by a State or Territory
- Current passport (or one that has expired within last 2 years) issued by the Commonwealth of Australia
- Current passport or national identity card, with photo of the person, issued by a foreign government, the United Nations, or a UN agency

Category B List (Please tick ✓)

- Birth certificate or birth extract issued by a State or Territory
- Birth certificate issued by a foreign, government, accompanied by English translation by accredited translator
- Citizenship certificate issued by the Commonwealth of Australia
- Pension card, health care card issued by the Commonwealth of Australia

Category C List (Please tick ✓)

A notice that:

- was issued by the Australian Taxation Office within the last 12 months;
 - containing the name of the individual and his or her residential address; and
 - records a debt payable to or by the individual by or to the Commonwealth under a taxation law;
- was issued to an individual by a local government body or utilities provider within the last 3 months;
 - containing the name of the individual and his or her residential address; and
 - records the provision of services by that local government body or utilities provider to that address or to that person

In relation to a person under the age of 18, a notice that:

- was issued to a person by a school principal within the preceding three months,
- contains the name of residential address and
- record the period of that time the person attended at the school

LIST OF PERSONS WHO CAN CERTIFY COPIES OF IDENTITY DOCUMENTS (Please tick ✓)

- Legal Practitioner
- Court Judge or Magistrate
- Justice of the Peace
- Notary Public
- Police Officer
- Permanent employee of Australia Postal Corporation membership within 2 or more years service;
- An officer with 2 or more continuous years of service with one or more financial institutions;
- A member of the Institute of Chartered Accountants in Australia and New Zealand, CPA Australia or the National Institute of Public Accountants with 2 or more years of continuous service.

WE WOULD LIKE TO KNOW WHY YOU JOINED/OPENED AN ACCOUNT WITH WOOLWORTHS TEAM BANK
(PLEASE TICK ✓)

- | | |
|--|---|
| <input type="checkbox"/> Bad experience with other financial institution | <input type="checkbox"/> Workplace recommendation |
| <input type="checkbox"/> Public profile/ Advertising | <input type="checkbox"/> Competitive Rate |
| <input type="checkbox"/> Low Fees | <input type="checkbox"/> Family/friend recommendation |
| <input type="checkbox"/> Branch Location | <input type="checkbox"/> BDC (Store Rep) |
| <input type="checkbox"/> Product Range | <input type="checkbox"/> Other Government _____ |

D. TAX FILE NUMBER

Collection of Tax File Number (TFN) information is authorised and regulated by tax laws and the Privacy Act. It is not an offence to choose not to quote your TFN. However, if your TFN is not quoted you may be charged Withholding Tax on the interest that you earn. If quoted, your TFN will automatically be applied to future accounts you open on this membership unless you instruct us otherwise.

		Tax resident of Australia		Tax resident of overseas country		Tax number if yes
		Yes	No	Yes	No	
Primary Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Joint Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Partnership	<input type="checkbox"/>	Registered Business		<input type="checkbox"/>		

E. RECORD OF IDENTIFICATION (Please tick ✓)

Specify The Customer Identification Procedures carried out to verify identity of the individual

<p>Primary Member</p> <p><input type="checkbox"/> Documents produced for Primary Member</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Joint Member</p> <p><input type="checkbox"/> Documents produced for Joint Member</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Sole Trader</p> <p><input type="checkbox"/> Documents produced for Sole Trader</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Partnership</p> <p><input type="checkbox"/> Documents produced for Partnership</p> <p>_____</p> <p>_____</p> <p>_____</p>

Identification Verified By Woolworth Team Bank Staff Member Date

OFFICE USE ONLY

Details Verified By Date