



31 day notice period for early termination for your Term Deposit.

If you're opening a new term deposit or rolling over your existing term deposit **on or after 31 October 2014**, the following will apply.

- If you need to access the funds in your term deposit before the maturity date, you'll need to give us **at least 31 days' advance notice** (except in the case of hardship). If you have less than 31 days remaining on your current term, the earliest you'll be able to access your funds is at maturity (unless you are experiencing hardship).
- If you think at any point you'll need to withdraw or transfer the funds in your term deposit prior to the maturity date, other deposit products may be more suitable.
- At the maturity of your term deposit, if you've selected for your funds to roll over into a new term deposit, the new term deposit may have a lower interest rate.

For questions or if there's anything else you need, our Australia-based customer care specialists are here on **133 464**.



Business Term Deposit application PART A



To open an ING Term Deposit for your business please: • use CAPITAL letters • mark boxes with an \times where applicable • use black pen. Please read the Business Term Deposit Terms & Conditions, available at ing.com.au or by calling 133 464 and consider whether the product is appropriate for you before making any decision in relation to it. Please ensure you provide the appropriate supporting documentation to verify the business, linked bank account and each authorised user.



Step 1: Busines	s type				BTPDF
	ness Term Deposit, pla rated associations.	ease tell us the type of business	s you operate. Note: we are unable to o	accept public co	mpanies, bare or inform
Sole Trader:	Partnership:	Company:	Trust (including DIY Super):	Incor	porated Association:
PART A only	PART A + B	Pty Company - Sole Direct		(includ	ling Non-Profit) PART A + E
PART A UTING	PART A T D	PART A + C Pty Company - Multiple Dir			ANIA L
		PART A + C	Individual(s) as Trustee(s) PART A + D		
		count in the same entity name, rt(s) as outlined above.	, you only need to complete Part A . Fo	or new ING busir	ness customers, you nee
ep 2: Busines	s details				
es of document pful hint: The no ding name/nam	s you can provide an ame of the Business e of trust (if applicab	d how to certify copies of docu Term Deposit will be in the sam le). If a company, please use fu	w client to ING, we also need to verify t uments (you must supply these docun ne name as the sole trader/partnershi ull company name as registered by AS trader or individual trustee: first name	nents with your p/company/trus IC.	r application).
business name	/trading name and c	or name of trust (if applicable)			
listered busines t number	ss address (PO Box not a Street number	sccepted) Street nam	ne		
ourb				State	Postcode
iness mailina a	ddress (if same as above	, please mark this box with an X			
t number	Street number	Street nam	ne (or PO Box)		
urb				State	Postcode
siness nhone nu	mber (for landline, please	provide area code)			
siness identifier	e relevant business i	dentifier that is applicable to your ACN (Australian Compo	our business. partnersi company ABN of the Individual	ie Trust is optional i l(s) as Trustee(s): /	tory y, ABN is optional of the Trustee is mandatory, ABN of the Trust is optional
gistration numbe			sued by (e.g. ASIC, NSW Dept Fair Trading)		umber is mandatory
x section (op	tional) Please com		ding this information is not compulsory, howev d at the highest marginal tax rate plus the Med		we may deduct tax from inter
File Number (TF	-N)	ABN	ne	Exemption:	
		OR	(if same as quoted above, please mar		Income tax return not required



		e (mandatory) y, if applicable.			_					
	Agricultur	e, Forestry and Fishi	ng		Manufactur	ring				Sanitary Services
	Communi	cations			Mining					Transportation
	Construct	ion			Public Adm	inistra	tion			Wholesale Trade
	Electric ar	nd Gas			Real Estate					Other
	Finance a	nd Insurance			Retail Trade	j				
Imp You v days You	oortant in will need to s remaining Ir new Ter	formation give ING 31 days' pr on your term, the ec m Deposit eterm of your Busin	ior notice to acce arliest you can ac	cess yo	ur funds is at	t matu	ırity if hardship does n	in the ca: ot apply.	se of	hardship. If you have less than 31
	90 days	180 days	1 year		2 years					
		Business Term Ir Business Term Dep			rk one (×) or	write	your own name:			
	Wages	Staff super	GST		Savings		Investment			
Othe										
Pleas	Open a ne	e and terms and con-	ditions current at eposit of the san eposit of a differ	t the tin	ne of opening m (please sele	g. Pleas	se select one option or	new Bus aly (by m	iness arking	Term Deposit will be subject to the g the box with an ×).
		Business Term Depo		1 year e funds _l	2 yed		oank account, nomina	ited in St	ep 5.	
Plea: If lini	se select ho king to an ex e: The ING Bu	kternal bank accoun	t, you can nomin requires a minin	ate eith num op	ner: (i) electro ening balanc	onic tro	ss Optimiser, please no ansfer, (ii) business che 10,000. The combined	eque or (i	iii) ba	
(i)	Your openi Term Depo for externo		quested from you ed we are able to the transfer is fro	ur linked verify (d bank accou your bank ac	nt on t count				• OR
(ii)		ss cheque - The che ess cheque must be					ount nominated in Step r to ING .	5.		• OR
(iii)		heque – The cheque Ilso verify your exte	e must be made p				s name or to ING.	\$		•



Step 5: Linked bank account details

You must link a Business Optimiser OR an external Australian business bank account (must be in the same name(s) as the business in **Step 2**) to your new Business Term Deposit. Please select one option only.

A. Business Optimiser Please nominate your Business Optimiser Account Number

Debit Authority

By nominating a Business Optimiser as the linked bank account, I/we authorise and request ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292 to transfer money from the Business Optimiser nominated above to my/our Business Term Deposit account as instructed by me/us or any other amounts as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/we understand that the arrangement is governed by the Business Term Deposit Terms and Conditions and the Business Optimiser Terms and Conditions.

If your linked account is a Business Optimiser then the authorised users on the new Business Term Deposit must be the same as the authorised users on the linked Business Optimiser. You do not need to provide the details of these authorised users as they will already be on our records.

Go to Step 7

OR

B. External bank account

If you wish ING to draw money from an external account for your opening deposit or transfer money between an external account and the ING Business Term Deposit, the Direct Debit Request below must be signed by the authorised signatories of the external bank account. We also need to verify your external bank account. Refer to Appendix A for the types of documents you can provide.

Note: No ING bank fees are payable but third party fees may be payable.

Name of bank		
Suburb of bank	BSB number (mandatory)	Account number (mandatory)
Name of bank account you wish to link to the Business Term Deposit (must t	pe in the same name(s) as the business in S	Step 2)

Direct Debit Request

If you wish to draw money from your external bank account, this section must be signed. Direct debiting is not available on some accounts (if in doubt, please contact your financial institution).

I/We request and authorise ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292 (user I.D. 123079) to draw money from the external bank account nominated above, through the Bulk Electronic Clearing System, as instructed by any authorised user of the Business Term Deposit or any other amount as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/We understand and acknowledge that this Direct Debit arrangement is governed by the Direct Debit Request Service Agreement and Business Term Deposit Terms and Conditions.

To authorise the drawing of money from the external bank account to the Business Term Deposit, the following authorised signatories of the external bank account are required to sign below:

- Sole trader or sole director company: only one authorised signatory.
- Partnership, company or association: a minimum of two authorised signatories.
- Trust: all authorised signatories/trustees.

External bank account signatory First name	Middle initial	External bank account signatory 2 First name	Middle initia
Surname / Family name		Surname / Family name	
Signature		Signature	
SIGN HERE	Date (DD/MM/YY)	SIGN HERE	Date (DD/MM/YY)
If more than two signatures are req	3.1	ark this box and attach a schedule of signatures	(a separate sheet of paper



Step 6: Authorised users

Authorised users are the people who are nominated to operate your Business Term Deposit.

If you are linking to your Business Optimiser, you must use the same authorised users that we have on record. You do not need to complete this section.



If you are linking to an external bank account, please provide the details of all the people you wish to nominate as authorised users.

A maximum of four persons can be nominated as authorised users to operate the Business Term Deposit. Two authorised users can complete their details below. If you have more than two authorised users, please refer to Appendix C.

For new authorised users (i.e. do not currently have an ING client number), we also need to verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Who must be an authorised user?

Sole Trader: The owner must be an authorised user.

Partnerships: A minimum of two partners must be authorised users.

Companies: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Company as Trustee: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Individual(s) as Trustee(s): All trustees must be authorised users. No other authorised users are permitted.

Association: A minimum of two office bearers (e.g. treasurer or company secretary) must be authorised users.

Helpful hint: Employees may be authorised users, except in the case of body corporate and trusts (where only trustees can be authorised users).

Authorised user 1	Authorised user 2
ING client number (if existing client)	ING client number (if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle in	itial First name Middle initial
Surname / Family name	Surname / Family name
Position (must be completed)	Position (must be completed)
Director Company / Club Secretary Partner Treasurer	Director Company / Club Secretary Partner Treasurer
Employee Chairperson / Owner Trustee	Employee Chairperson / Owner Trustee
Personal residential address (must be completed. PO Box not accepted) Unit number Street number	Personal residential address (must be completed. PO Box not accepted) Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
Personal mailing address (if same as above, please mark this box with an X Unit number Street number	Personal mailing address (if same as above, please mark this box with an X Unit number Street number
Street name (or PO Box)	Street name (or PO Box)
Suburb	Suburb
State Postcode	State Postcode



Authorised user 1	Authorised user 2
Contact details (you must provide at least one phone number)	Contact details (you must provide at least one phone number)
Mobile phone number	Mobile phone number
Other phone number (for landline, please provide area code)	Other phone number (for landline, please provide area code)
Email	Email
Driver's Licence (if applicable)	Driver's Licence (if applicable)
Mandatory security details Date of birth (DD/MM/YYYY)	Mandatory security details Date of birth (DD/MM/YYYY)
Nationality	Nationality
Mother's maiden name (mother's original surname / family name)	Mother's maiden name (mother's original surname / family name)
I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.	I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.
Signature	Signature
Date (DD/MM/YY)	Date (DD/MM/YY)
SIGN HERE	
Step 7: Primary Account contact (optional)	
	to the business mailing address only). If you don't nominate an authorised
user all written correspondence will be marked to the attention of the Finar First name	ncial Controller. Surname / Family name
	carried, running marrie



Step 8: Control and ownership

Excluding the people already named on this form — or others as outlined in Step 1 — are there any other individuals who own or have direct control of the business?

- Ownership (directly or indirectly) ultimately owns more than 25% of the business
- Control determines key financial/operating decisions about the business

Note for Trusts - include details of appointor/custodian/principal/protector/guardian (if applicable).

Yes No	
Person 1	Person 2
ING client number (if existing client)	ING client number (if existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle initial	First name Middle initial
Surname / Family name	Surname / Family name
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)
Nationality	Nationality
Personal residential address (must be completed, PO Box not accepted) Unit number Street number	Personal residential address (must be completed, PO Box not accepted) Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode



Step 9: Declarations and application approval - by signing below

- I/We declare that all information provided in this Application Form and any supplements is true and correct
- I/We have received, read and agree to comply with the Business Term Deposit Terms and Conditions
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the Business Term Deposit Terms and Conditions
- I/We acknowledge that:
- In the case of sole director company I am the sole director and sole secretary and have full power and authority to open and operate the Business Term Deposit
- In the case of partnerships/association I/We have full power and authority to bind the partnership/association and each of the partners/ members in accordance with its constituent documents or rules and I/we undertake to advise ING if the partnership/association is dissolved or terminated, or the members of the partnership change
- In the case of trusts I am/We are the only trustee(s) of the trust and I/we have full trust power and authority to open and operate the Business Term Deposit
- Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) has full power and authority to operate the Business Term Deposit
- Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) understands that personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.
- ING reserves the right to request evidence of authority to approve this Application and/or evidence that the business named as

- the account holder exists, is validly constituted and is capable of being bound by the Business Term Deposit Terms and Conditions.
- If I/we have provided, or have arranged for the provision of, information
 on this form about another person. I/we will ensure that they are aware
 that ING has collected their personal information and that personal
 information may be used, disclosed and held for the purposes set out
 in the Privacy Statement contained in the Business Term Deposit Terms
 and Conditions.

Who can approve and sign this Application?

Sole Trader: Owner of the business.

Partnerships: Minimum of two partners, one must be the managing partner (or general partner in the case of a limited partnership).

Company: Two directors OR a director and company secretary. For a sole director company must be a sole director/secretary.

Company as Trustee: Two directors OR a director and company secretary. For a sole director company must be a sole director/secretary.

Individual(s) as Trustee(s): All trustees (those approving the Application must also be authorised users).

Association: Minimum of three office bearers e.g. treasurer/chairman/secretary (or equivalent officer) to sign in accordance with rules governing the association (a minimum of two of those approving the Application must also be authorised users).

Helpful hint: When filling in your position below, please choose from the following options – Chairperson, Company or Club Secretary, Director, Employee, Owner, Partner, President, Treasurer, Trustee.

Business signatory 1 First name	Middle initial	Business signatory 2 First name	Middle initial
Surname / Family name		Surname / Family name	
Signature SIGNHERE Position	Date (DD/MM/YY)	Signature SIGNHERE Position	ate (DD/MM/YY)
Business signatory 3 First name Surname / Family name	Middle initial	Business signatory 4 First name Surname / Family name	Middle initial
Signature SIGNHERE Position	Date (DD/MM/YY)	Signature SIGNHERE Position	ate (DD/MM/YY)
IMPORTANT: Please complete the relevant of required to complete Appendices A, B and C Adviser use only - Company name	additional Part(s) as outlined in Cover page). Adviser name	n Step 1 as required. If linking to a Business Opti	



Adviser - Please provide a copy of the records identifying your client's business, authorised users, additional parties and the external bank account

(if applicable). Go to Appendix B.

Step 10: What to do when you have completed this form

When you have completed and signed the application form, please send it with your supporting documents to us at: ING

Reply Paid 3858 Sydney NSW 2001 (no stamp required)

Appendix A: Supporting documents

Note: If the linked bank account is a Business Optimiser you are not required to complete this section.

As part of the application process, the linked bank account, business and personal identities of the authorised users must be verified. You must select supporting documentation from the lists below and provide original or certified copies as directed.

(i) Supporting documents (please note that documents will not be returned)

Linked bank account:

Please provide **one** of the following:

- A business cheque drawn on the external bank account; or
- An original encoded deposit slip for the external bank account; or
- A copy of a bank statement (less than 6 months old) for the external bank account

The supporting document must show the business name, BSB and account number of the external bank account. If providing a copy of a bank statement, the address must also be shown.

Business:

If you have an existing ING business account in the same entity name, we already have your business verified (go to authorised users).

If you are opening an account for the first time in the business name, you must provide a certified copy of **one** of the following:

- · Certificate of Registration; or
- Tax File Number (TFN) advice; or (if you choose to provide one of the following documents, it must be issued within the last 12 months)
- Australian Tax Office Tax Assessment Notice; or
- Australian Tax Office Notice of Refund; or
- · Business Activity Statement; or
- Instalment Activity Statement; or
- Annual or quarterly PAYG Instalment Notice

If you are opening an account for a trust, you will need to provide:

 Certified copy of a full Trust Deed and if applicable, a certified copy of any variation deed/s

If you are opening an account for a partnership you will need to provide:

 Certified full copy of the Partnership Agreement, showing the names of the partners

If you are opening an account for an incorporated association you will need to provide:

- Certified copy of the Articles of Association or the rules governing the association
- Certified copy of most recent Annual General Meeting (AGM) minutes of the association

Authorised users and Additional parties:

An authorised user does not need to provide an identification document if they are an existing ING customer.

All authorised users and additional parties (listed in Part A, B, C or E) who are new ING customers (i.e. do not currently have an ING client number) must provide a certified copy of one of the following photo identification documents:

- Australian Driver's Licence (must be current, shows current residential address and photograph); or
- Australian Passport (either a current passport or a passport that expired within the last 2 years); or
- International Passport (must be current and issued by a foreign Government, the UN or related agency and must be accompanied by a certified official accredited translation if not in English); or
- Proof of Age Card (must be current, shows current residential address and photograph)

Or, if you do not have one of the above photo identification documents, please provide a certified copy of one of the following identification documents:

- Birth Certificate or Birth Extract (issued by a State or Territory in Australia); or
- Pension Card (must be current and issued by Centrelink entitling financial benefits)

AND a certified copy of one of the following documents:

- Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address); or
- Utility Bill (gas/electricity/phone/water) or council rates notice (less than 3 months old)

THE IDENTIFICATION DOCUMENT MUST DISPLAY YOUR FULL NAME. Initials are not acceptable.

(ii) How to certify a document Select a Certifier

Take the original and copy of your identification document to a document certifier from the list below.

- A Justice of the Peace
- A Bank Officer
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants
- A Solicitor or Barrister
- A Police Officer
- An agent in charge of, or a permanent employee of an Australia Post outlet

Note: This is not the complete list of ING acceptable document certifiers. The complete list is available on ing.com.au in the FAQ section. An acceptable document certifier is not able to certify their own documents, documents on behalf of their immediate family or any associated parties. e.g. relatives, de-facto or one director certifying another director from the same companies document.

Document Certifier to complete

To certify the copy of the identification document to be a true copy of the original document, on the copied document complete the following:

- 1. Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date]"
 - If document has multiple pages, certifier needs to clearly state they are certifying the entire document on the first page and initial all other pages
- 2. Sign the copy document
- Provide Name, Certifier Classification and Registration/badge number (If applicable). For example;
 John Smith, Accountant, ###
- 4. Provide a work or residential address
- 5. Provide a contact number (this may be your work or residential landline or mobile number).

If ING has any questions regarding this verification, we may contact the document certifier about these details.



Appendix B (this section applies to Financial Advisers)

Note: If the linked bank account is a Business Optimiser you are not required to complete this section.

Otherwise you need to provide a copy of the following (if not previously supplied to ING):

- A copy of the record from which the business was verified (eg. a copy of the ASIC web search for a company)
- A copy of the record from which each authorised user's and additional party's identity was verified AND
- A copy of the document used to verify the external bank account.

For new authorised users, we need to obtain their details and verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Authorised user 3 ING client number (if existing client)	Authorised user 4 ING client number (if existing client)
Mr Mrs Ms Other Middle initial	Mr Mrs Ms Other First name Middle initial
Surname / Family name	Surname / Family name
Position (must be completed) Company / Club Secretary Partner Treasurer	Position (must be completed) Company / Director Club Secretary Partner Treasurer
Employee Chairperson / President Owner Trustee Personal residential address (must be completed, PO Box not accepted)	Employee Chairperson / Owner Trustee Personal residential address (must be completed, PO Box not accepted)
Unit number Street number	Unit number Street number
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
Personal mailing address (if same as above, please mark this box with an X Unit number Street number	Personal mailing address (if same as above, please mark this box with an X Unit number Street number
Street name (or PO Box)	Street name (or PO Box)
Suburb	Suburb
State Postcode	State Postcode
Contact details (you must provide at least one phone number) Mobile phone number	Contact details (you must provide at least one phone number) Mobile phone number
Other phone number (for landline, please provide area code)	Other phone number (for landline, please provide area code)
Email (optional)	Email (optional)
Driver's Licence (if applicable)	Driver's Licence (if applicable)



tory security details birth (DD/MM/YYYY) lity
lity
lity
s maiden name (mother's original surname / family name)
that my personal information may be collected, used and d in the manner and for the purposes set out in the Privacy ent contained in the Business Term Deposit Terms and
ns. re
Date (DD/MM/YY)
t



Business Account application PART D—Trusts



About this form:

This is the Part D in the sign up process for Business Optimiser and/or Business Term Deposit accounts.

No need to complete this if you have an ING account in the same entity name – the Part A form will suffice.

Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.



Step 1: Business details			BTPDF
Name of trust			
Settlor of trust (person establishing the First name	e trust/fund)	Surname / Family name	
Country in which the trust was established, if not	ın Australia		
Step 2: Trust type			
Please specify your trust type.			
DIY Super OR Other:			
(e.g. Unit trust,	Family trust, Discretionar	ry trust)	
Step 3: Trust beneficiary details			
Please provide details of all beneficiaries of the tra	ıst.		
Beneficiary 1		Beneficiary 2	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Nationality		Nationality	
OR		OR	truct
Name of company/partnership/association/trust		Name of company/partnership/association/	ırusı



Beneficiary 3		Beneficiary 4	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Nationality		Nationality	
OR		OR	Utruct
Name of company/partnership/association/trust		Name of company/partnership/association	//trust
Beneficiary 5		Beneficiary 6	
ING client number (if existing client)		ING client number (if existing client)	
First name	 Middle initial	First name	 Middle initial
 Surname / Family name		 Surname / Family name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
		/ /	
Nationality		Nationality	
J			
OR		OR	
Name of company/partnership/association/trust	:	Name of company/partnership/association	ı/trust
Beneficiary 7		Beneficiary 8	
ING client number		ING client number	
(if existing client) First name	Middle initial	(if existing client) First name	 Middle initial
riist nume	Middle illitidi	riist nume	Middle initial
Surname / Family name		Surname / Family name	
Jamanie / Farmig Harne		Surname / running name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Date of birth (DD/MM/YY)		date of dirtif (bb/mm/yy)	
l l		Notice of the	
Nationality		Nationality	
OP		OD	
OR Name of company/partnership/association/trust	:	OR Name of company/partnership/association	/trust



Beneficiary 9		Beneficiary 10	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initio
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY) Nationality		Date of birth (DD/MM/YY) Nationality	
OR Name of company/partnership/association/trust		OR Name of company/partnership/association/trust	



Additional identification requirements — Individual as Trustee application



Part 1: Organisation details			
Please tick this box if the entity's residential addr will only need to fill out Business Activity Descrip		ousiness) is the same a	s the registered address. If it is the same, then you
If entity's residential address is different from the regis	tered address, please p	provide Residential add	ress (principal place of business):
Residential address (principal place of business	s)	Business Activity D	escription
This is the main location from which the business is co are made, and the company books and records are mo Street address		This can include natur provided or type of inv	re and purpose of entity, products and services vestments etc.
Suburb			
State Country	Postal code		
Part 2: Customer type			
Please select one or more of the following that is appli	cable to the entitu:		
Self Managed Super Fund (SMSF)	Private Company		Sole Proprietorship
	7		
Trust	☑ Non-Profit Organisatio		Partnership
Fund as customer	☐ 100% Owned by Liste	d Company	Financial Institution
Part 3: For Trusts only			
Inception of Trust			
Date (DD/MM/YYYY)			
Jurisdiction (state or territory trust is governed by)			
Jurisdiction (state or territory trust is governed by)			
Existence of Trust Is the trust currently in existence?			
Yes, the Trust is still in existence and I will inform I	NG immediately in cas	e of any changes	
No, the Trust is no longer in existence	ive infinediately in eas	ic of any changes	
-			
Nature and purpose of Trust Please select one or more of the following applicable to	o the entitu:		
	7		
Investment	☐ Estate Planning		
Wealth Management	Superannuation		



Entity foreign tax residency self-certification form



About this form

Commercial and business customers must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for businesses, trusts, charitable institutions, government entities, not for profits and partnerships only - no sole traders or individuals.

Please return to

customerresolutions.au@ing.com

Why this form must be completed

Australia has enacted laws committing to global standards on the automatic exchange of financial account information – commonly known as the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Under these laws, financial institutions must identify where an account holder is a resident for tax purposes, and report information about financial accounts of foreign tax residents to the Australian Taxation Office (ATO). Tax authorities in participating countries may then exchange this information with each other.

The purpose of the standards is to give participating nations transparency about the financial assets that their residents hold offshore.

If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

Where to find more information

- Visit the ATO website ato.gov.au/crs
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary ing.com.au

If you're an individual

If you're a controlling person of an entity, personal banking customer, guarantor or sole trader, please provide your tax residency information using the form for individuals available at inq.com.au > Individual foreign tax residency self-certification form.

Complete online instead – if you have secure banking access, you can complete self-certification when you log in at ing.com.au and go to My Profile > Foreign Tax Details.

Part 1: Identification of account holder				
ING client number for the entity: Please tick this box if you've already completed a valid ING self-certic changes to the entity's foreign tax residency details (please proceed)		tity on or after 1 July 20	017 and there hav	ve been no
General information If the entity is new to ING or you need to provide a new self-certification, Legal name of entity	olease complete t	he following:		
Country of incorporation or organisation				
Does the entity only operate in Australia? Yes No If no,	please list the cou	ntries that the entity al	so operates in	
Residential address	Postal addr	ess (if different from res	cidential address)	
Street address	Street addres	•	sideritiai address)	
Suburb	Suburb			
State Country Postal code	State	Country		Postal code



Industry classification

Australian & New Zealand Standard Industrial Classification (ANZSIC)

Please provide the ANZSIC Class code most applicable to the entity, as published by the Australian Bureau of Statistics. The ANZSIC Class code and name for popular industries are provided in the table below. To search through the full list of ANZSIC Class codes available, visit www.abs.gov.au and select Statistics > Classifications > ANZSIC - Industry Classifications > Search ANZSIC. Further information is also available on our website under the ANZSIC FAQs at ing.com.au.

Class (4 digit code) Name					
Popular industries					
ANZSIC Class Name	Class Code	ANZSIC Class Name			Class Code
Superannuation Funds	6330	Computer System De	esign and Re	lated Services	7000
Financial Asset Investing	6240	Religious Services			9540
Other Social Assistance Services	8790	Other Professional, S			
Accounting Services Management Advice and Related Consulting Se	6932 rvices 6962	Other Construction S Residential Property		•	3299 6711
Other Health Care Services n.e.c.	8599	Engineering Design of	•	rina Consultina Servi	
Other Interest Group Services n.e.c.	9559	Non-Residential Prop			6712
If applicable, please select any of the below ir	ndustries that the entity ope	erates in:			
	D. m. itt man		D:.t.	and a selfer of a second life of	
Armament services	Remittance		Registe	red online gambling	
Unlicensed gambling	Pornographic activit	ies	Non-pro	ofit organisations	
Non-regulated/unlicensed financial services	Weapons		Thermo	al coal-fired power pl	ants
Mountain top removal mining	Shell or corresponde	ent banks			
Standard Economic Sector Classifications of A	ustralia (SESCA)				
Please select the SESCA classification most rele	vant to the entity by selectir	ng one of the available o	options belov	w. Options may vary	y depending on the
business type. Further information is available of	on our website under the SES	SCA FAQs at <u>ing.com.au</u> .			
SESCA			viduals rustee	Partnerships	Incorporated Association
Community service organisations					
Private non-financial corporations					
Private unincorporated businesses					
Self Managed Superannuation Fund					
Other Superannuation Fund					
Special Purpose Vehicle					
Source of funds (please select one main sou	rce of funds)				
Dividends or income from business	Insurance/Settlen	nent proceeds	Sa	le of property or inv	estments
		·			
Donation/Gift	Investment incom	e			
Grant/Subsidy	Royalties				
Non-reportable entities (please select one	of the following options)				
If you select (a) or (b) proceed to Part 5.					
(a) The entity is an Australian Superannua	tion Fund (which includes SN	ISFs) (please proceed t	o Part 5)		
(b) The entity: (please proceed to Part 5)					
1. Is incorporated in Australia; and					
2. Has a registered address in Australia	; and				
3. Is not a Financial Institution, Listed C 4. Less than 50% of the entity's gross in	ncome was passive income (and royaltie	es) and less than 50°	% of assets held
produced passive income for the last (c) None of the above (please proceed to	-				
(c) Notice of the above (please proceed to	ruit 2)				



Part 2: Specified U.S. Person under FATCA
Please select one of the following options:
(a) The entity is a specified U.S. Person (please proceed to Part 4)
(b) The entity is a non-specified U.S. Person (please proceed to Part 4)
(c) None of the above (please proceed to Part 3)
Part 3: Entity's classification under FATCA
Your entity's FATCA classification may differ from its CRS classification in Part 4.
1. If the entity is a financial institution – please select its classification and provide the entity's Global Intermediary Identification Number (GIIN): (a) U.S. Financial Institution or a Partner Jurisdiction Financial Institution
(b) Registered Deemed Compliant Foreign Financial Institution
(c) Participating Foreign Financial Institution Entity's GIIN:
2. If the entity is a financial institution but unable to provide a GIIN – please select one of the following:
(a) Exempt Beneficial Owner
(b) Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
(c) Non-Participating Foreign Financial Institution
(d) Owner Documented Foreign Financial Institution (Non-US Owned)
(e) Owner Documented Foreign Financial Institution (US Owned)
3. If the entity is not a financial institution – please select its classification:
(a) Active Non-Financial Foreign Entity
(b) Passive Non-Financial Foreign Entity (Non-US Owned)
(c) Passive Non-Financial Foreign Entity (US Owned)
(d) Excepted Non-Financial Foreign Entity
Part 4: Entity type under CRS
Your entity's CRS classification may differ from its FATCA classification in Part 3. Please select the appropriate CRS classification for your entity.
(a) Financial Institution – Investment Entity
i. A professionally managed investment entity located in a Non-Participating Jurisdiction
ii. Other Investment Entity
(b) Depositary, Custodial or Specified Insurance Company Financial Institution
(c) Listed Corporation
i. Please provide the name of the established securities market on which the corporation is regularly traded:
ii. If you are a Related Entity of a regularly traded corporation, please provide their name:
(d) Governmental Entity
(e) International Organisation
(f) Central Bank
(q) Active Non-Financial Entity
(h) Passive Non-Financial Entity



Part 5: Controlling Persons

A Controlling Person means any natural person(s) who directly or indirectly exercises control over an entity. For a company, this includes any beneficial owners in the company. For a Trust, this includes Trustees, Settlors and Beneficiaries. For a Partnership this includes all partners. For Charities and for Unincorporated/Incorporated Organisations; this includes Chairman, Secretary, Treasurer or equivalent.

Please provide the name and contact details for each of the entity's Controlling Person(s) in the table below. If not relevant to you, be sure to note 'Not applicable' – e.g. Controlling Person(s) may not apply to Listed Corporations and Government Entities.

Note: Complete and attach an individual foreign tax residency self-certification form for each Controlling Person – available for download at ing.com.au.

				Client number
Given name	Middle name	Surname	Phone number	(if existing ING customer)
Part 6: Country of foreign tax i	residence and relate	d Taxpayer Identificatio	n Number ("TIN")	
Is Australia the sole tax residence of	the entity?	s No		
If you answered No above, please co	mplete the table below	indicating:		
 each country of tax residence 	u for the account holde	er (other than Australia)		
 the account holder's TIN or e 	~			
- the account holder's fin or e	quivalent for each cour	itrg/jurisalction malcatea.		
Country TIN				

Note: A TIN is always required (unless in the rare case the country does not issue TINs).



Part 7: For Trusts only	
Do you know any additional information (apart from full name) for the Sett	lor of the trust? Yes No
If you answered \textbf{Yes} to the above please list the Controlling Person in Part 5 $$	and complete an Individual Foreign Tax Residency Self-Certification Form.
Classes of Beneficiaries Are any of the beneficiaries who received a distribution from the trust or be in the last year, or beneficiaries who are otherwise Controlling Persons, tax is	
If you answered Yes to the above please list the Controlling Person(s) in Part	t 5 and complete an Individual Foreign Tax Residency Self-Certification Form.
Part 8: Declarations	
I understand that the information supplied by me is covered by the applical ING. This includes the relevant product terms and conditions and our Privac and disclose the information supplied by me.	
I confirm that I am authorised to provide:	
 This Self-Certification on behalf of the entity identified in Part 1 of this fo The information of Controlling Persons in Part 5 of this form. 	orm;
I confirm that where I have provided information on behalf of or regarding of that I will, within 30 days of signing this form, notify those persons that: • I have provided the information to ING, and	
 the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exch 	ATO to tax authorities of another country or countries in which the person nange financial account information.
I declare that all the statements made and information provided in this form	m are, to the best of my knowledge and belief, correct and complete.
I undertake to advise ING within 30 days of any change in circumstances whand/or the Controlling Persons in Part 5 of this form or causes the information with a suitably updated self-certification.	
Full name	Full name
Signature Date (DD/MM/YYYY)	Signature Date (DD/MM/YYYY)
Note: If you aren't an authorised user for the account holder specified in Pa under authority, please also attach supporting information.	rt 1, please indicate the capacity in which you're signing the form. If signing
Capacity	Capacity
Mobile phone	Mobile phone
Mobile phone	Mobile Priorie
Email	 Email



Individual foreign tax residency self-certification form



About this form

Individuals banking with us must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for personal banking customers, sole traders, guarantors and controlling persons of an entity.

Please return to

customerresolutions.au@inq.com

Why this form must be completed

Australia has enacted laws committing to global standards on the automatic exchange of financial account information – commonly known as the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Under these laws, financial institutions must identify where an account holder is a resident for tax purposes, and report information about financial accounts of foreign tax residents to the Australian Taxation Office (ATO). Tax authorities in participating countries may then exchange this information with each other.

The purpose of the standards is to give participating nations transparency about the financial assets that their residents hold offshore.

If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

Where to find more information

- Visit the ATO website ato.gov.au/crs
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary ing.com.au

If you're an entity

If self-certifying on behalf of an entity (which includes businesses, trusts and partnerships), please provide your foreign tax residency information using the form for entity's available at ing.com.au > Entity foreign tax residency self-certification form.

Complete online instead – if you have secure banking access, you can complete self-certification when you log in at <u>ing.com.au</u> and go to My Profile > Foreign Tax Details.

Part 1: Identification of individual					
Existing customer Your ING client number: Please tick this box if you've already completed a valid foreign tax residency details (please proceed to Part 3		er 1 July 2017, and there hav	ve been no changes to your		
General information					
If you are new to ING or you need to provide a new self-certification $\boldsymbol{\alpha}$	fication, please complete the f	following:			
	Residentia	l address			
Given name	Street addre	SS			
Family name	Suburb	Suburb			
Middle name(s)	State	Country	Postal code		
Date of birth (DD/MM/YYYY)	Postal add	ress (if different from above)			
		ss (or PO Box)			
Place of birth					
Town or city of birth	Suburb				
Country of birth	State	Country	Postal code		
Citizenship(s)					



Source of wealth and funds

Please select your main source of wealth (i.e. assets and property) and funds from the table below (select only one from each column):

			Source of wealth	Source of funds
Employment/Salary/Job				
Dividends				
Divorce settlement				
Family trust or inheritance				
Donation or gift				
Grant/Scholarship/Subsidy				
Insurance or settlement proceeds				
Self-Employed/Investments/Superannuation account				
Lottery win or gambling				
Pension or social benefits (Centrelink payments)				
Royalties				
Sale of property				
Spouse or partner/Parent or guardian				
Australian & New Zealand Standard Industrial Class If you are a sole trader, please provide the ANZSIC Cla ANZSIC Class code and name for popular industries a www.abs.gov.au and select Statistics > Classifications website under the ANZSIC FAQs at ing.com.au. Class (4 digit code) Name	iss code most applicab re provided in the table	le to your business, as publishe be below. To search through the f	d by the Australian Bureau full list of ANZSIC Class cod	es available, visit
Popular industries ANZSIC Class Name Other Social Assistance Services Accounting Services Management Advice and Related Consulting Services Other Health Care Services n.e.c. Other Interest Group Services n.e.c. Computer System Design and Related Services Religious Services Other Professional, Scientific and Technical Services n.e.c. Other Construction Services n.e.c.	8599 9559 7000 9540	ANZSIC Class Name Residential Property Operato Engineering Design and Engi Sports and Physical Recreation Legal Services Adult, Community and Other Creative Artists, Musicians, Wallectrical Services Plumbing Services	neering Consulting Service on Instruction r Education n.e.c.	Class Code 6711 es 6923 8211 6931 8219 9002 3232 3231
If applicable, please select any of the below industr	ies that the entity ope	erates in:		
Armament services	Remittance	Re	gistered online gambling	
Unlicensed gambling	Pornographic activit	ties No	on-profit organisations	
Non-regulated/unlicensed financial services	Weapons	Th	nermal coal-fired power plar	nts

Shell or correspondent banks



Mountain top removal mining

Is Australia your sole country of tax residence? In general, your tax residence is the country/jurisdiction in which you live, however in some special cases, you can be a tax resident of more than one country. Yes No	Are you a U.S. Person for tax purposes? A U.S. Person generally includes a citizen or resident of the United States of America.
Part 2: Country of foreign tax residence and related Taxpayer Id	dentification Number ("TIN")
	esidence or you are a US Person for tax purposes. Otherwise, proceed to Part 3.
Please complete the table below indicating:	issuctive of god are a objectsoff for tax pulposes. Otherwise, proceed to rare s.
 each country of tax residency for the account holder (other than Austral 	lia)
 the account holder's TIN or equivalent, such as your Social Security Num 	
Country TIN	
NAC A TINE of the second of th	Tible)
Note: A TIN is always required (unless in the rare case the country does not	issue Tins).
Part 3: Declarations	
	able Terms and Conditions governing the account holder's relationship with acy Policy (available at <u>ing.com.au</u>) which sets out how ING may collect, use
I confirm that I am the individual identified in Part 1 of this form, or I am a	uthorised to submit this form on their behalf.
I certify that where I have provided information on behalf of or regarding a submitting this form, notify those persons that:	any other person (such as a Controlling Person) that I will, within 30 days of
I have provided the information to ING, and	
 the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exc 	e ATO to tax authorities of another country or countries in which the person change financial account information.
I declare that all the statements made and information provided in this for	rm are, to the best of my knowledge and belief, correct and complete.
I undertake to advise ING within 30 days of any change in circumstances with Part 1 of this form or causes the information provided in this form to be self-certification.	· · · · · · · · · · · · · · · · · · ·
Full name	
Declarations	Date (DD/MM/YYYY)
By submitting this form, I agree to the above declarations	
Note: If you aren't the individual specified in Part 1 or you are completing to in which you're completing and submitting it (including the name of the essupporting information.	this form for a Controlling Person of an entity, please indicate the capacity ntity). If completing and submitting under authority, please also attach
Capacity	Mobile phone



Email