



# 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.



tep 1: Busines	s type				BTPDF
	ess Term Deposit, pla rated associations.	ease tell us the type of busine	ess you operate. <b>Note:</b> we are unable t	o accept public co	ompanies, bare or inform
Sole Trader:	Partnership:	Company:	Trust (including DIY Super):	Incor	porated Association:
PART A only	PART A + B	Pty Company - Sole Dire	ector Company as Trustee - Sole Di	(includ	ling Non-Profit) PART A + E
PART A Only	PART A + B	PART A + C Pty Company - Multiple	Directors Company as Trustee - Multiple		PART A T E
		PART A + C	PART A + C + D  Individual(s) as Trustee(s) PART A + D		
		count in the same entity nam irt(s) as outlined above.	ne, you only need to complete <b>Part A</b> .	For new ING busi	ness customers, you nee
ep 2: Busines	s details				
es of document <b>pful hint:</b> The no ding name/nam	s you can provide an ame of the Business e of trust (if applicab	nd how to certify copies of do Term Deposit will be in the sc ble). If a company, please use	new client to ING, we also need to verif icuments (you must supply these doc ame name as the sole trader/partners if full company name as registered by a le trader or individual trustee: first nar	uments with you hip/company/tru ASIC.	r application).
business name	/trading name and c	or name of trust (if applicable)			
istered busines t number	ss address (PO Box not a Street number	Street na	ime		
ourb				State	Postcode
iness mailina a	ddress (if same as above	e, please mark this box with an X			
t number	Street number	_	」' Ime (or PO Box)		
urb				State	Postcode
iness nhone nu	<b>mber</b> (for landline, please	a provide greg code)			
siness identifier	e relevant business i	dentifier that is applicable to  ACN (Australian Com	your business.  pany Number)  Compt Compt ABN of Individent	f the Trust is optional lual(s) as Trustee(s):	tory ry, ABN is optional of the Trustee is mandatory, ABN of the Trust is optional
gistration numbe			issued by (e.g. ASIC, NSW Dept Fair Trading)	iation: Registration Nu	
			oviding this information is not compulsory, how ned at the highest marginal tax rate plus the $ exttt{N}$		we may deduct tax from inter
File Number (TF	N)	ABN	lifecome se sue	Exemption:	
		OR	(if same as quo above, please r		Income tax return not required



	<b>ustry type (</b> ct an industry, —	( <b>mandatory)</b> if applicable.								_
	Agriculture,	Forestry and Fishin	g		Manufactur	ring				Sanitary Services
	Communica	tions			Mining					Transportation
	Construction	1			Public Admi	inistra	tion			Wholesale Trade
	Electric and	Gas			Real Estate					Other
	Finance and	Insurance			Retail Trade	<u>:</u>				
Imp You days You	portant info will need to giv s remaining on Ir new Term	e ING <b>31 days' pric</b> your term, the ear	or notice to acces liest you can acc	ess yo	ur funds is at	t matu	rity if hardship does	ot in the co not appli	ase of y.	hardship. If you have less than 31
	90 days	180 days	1 year		2 years					
		Business Term D Business Term Depo Staff super			k one (×) or Savings	write	your own name:			
Pleas	Maturity se specify what interest rate a	t you would like to ond terms and condi	itions current at t	he tin	ne of opening	rm De <sub>l</sub> J. Pleas	posit at maturity. <b>An</b> se select one option	<b>y new Bu</b> only (by r	<b>siness</b> narkin	Term Deposit will be subject to the g the box with an $\times$ ).
	90 Close my Bu	siness Term Depos	) days 1	year	2 yea	ars	e term only) oank account, nomin	nated in S	Step 5	
Plea: If lin	se select how used to an extermine to an extermine to an extermine the ING Busine to	rnal bank account,	you can nomina requires a minimu	te eith um op	er: <b>(i)</b> electro ening balanc	nic tro	ınsfer, (ii) business c	heque or	(iii) bo	ectronic transfer only. ank cheque. held in all Business Term Deposits
(i)	(i) By electronic transfer – Transfer the deposit from the linked bank account, nominated in Step 5. Your opening deposit will be requested from your linked bank account on the day your Business Term Deposit is opened (provided we are able to verify your bank account - refer Appendix A for external bank accounts). If the transfer is from an external bank account, the Direct Debit Request in Step 5 must also be signed.  OR									
(ii)		<b>cheque</b> – The cheq s cheque must be n					ount nominated in Starto ING.	ep 5. <b>\$</b>		• OR
(iii)		eque - The cheque o verify your extern	must be made pa				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 / 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 E—Incorporated Association



#### About this form

No need to complete this form if you have an ING account in the same entity name.

No need to complete this form if you have an ING account in the same entity name.

No need to complete this form if there are no office bearers in addition to the authorised users listed in Part A. Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.



Step 1: Business details			BOPDF
Name of incorporated association	n		
Country in which the incorporate	d association was established, if not in Au	stralia	
Step 2: Additional office be	earer details fice bearers who are not nominated as au	thorised users. Any persons not nomi	inated as an authorised user will not be
granted access to the business a	ccount.	anonised discrist ring persons flot floring	indica as an authorised aser will not be
Additional Office Bearer 1	1	Additional Office Bearer	2
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initia
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Nationality		Nationality	
Residential address Unit number	Street number	<b>Residential address</b> Unit number	Street number
	Saccendinoei	S. T. C. T.	Saccination
Street name		Street name	
Secretaine		Saccinanic	
Suburb		Suburb	
Judulu		Sabaro	
State	Postcode	State	Postcode
State	rosicode	Sittle	rosicoue



Additional Office Bearer 3		Additional Office Bearer 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	
<b>Residential address</b> Unit number	Street number	<b>Residential address</b> Unit number	Street number
Street name		Street name	
Suburb		Suburb	
State	Postcode	State	Postcode
- LOSS - D - E		A 1 11111 1 000 P	
Additional Office Bearer 5		Additional Office Bearer 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	
<b>Residential address</b> Unit number	Street number	Residential address Unit number	Street number
Street name		Street name	
Suburb		Suburb	
State	Postcode	State	Postcode



Additional Office Bearer 7		Additional Office Bearer 8	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initia	First name	Middle initial
Surname / Family name		   Surname / Family name	
Samarie / raning name		Samarie / raming name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Nationality		Nationality	
Residential address		Residential address	
Unit number	Street number	Unit number	Street number
Street name		Street name	
Street name		Street name	
Suburb		Suburb	
State	Postcode	State	Postcode
Additional Office Bearer 9		Additional Office Bearer 10	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initia		Middle initial
THIS CHAPTE	- Induct initia	THISTINGTIC	i i i i i i i i i i i i i i i i i i i
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
/ /		/ /	
Nationality		Nationality	
Residential address		Residential address	
Unit number	Street number	Unit number	Street number
Street name		Street name	
Suburb		Suburb	
State	Postcode	State	Postcode



# Additional identification requirements — Incorporated Association application



Part 1: Organisation details			
Please tick this box if the entity's residential will only need to fill out Business Activity Des		business) is the same as t	he registered address. If it is the same, then you
If entity's residential address is different from the	registered address, please	provide Residential addres	s (principal place of business):
Residential address (principal place of business)  This is the main location from which the business is conducted, decisions are made, and the company books and records are maintained.  Street address		Business Activity Des This can include nature of provided or type of inves	and purpose of entity, products and services
Street dudress			
Suburb			
State Country	Postal code		
If the association does not have a registered principal place of business address, please pr	rovide the following:		
Address for Public Officer or Treasurer or Pro	esident or Secretary		
Street address			
Suburb			
State Country	Postal code		
Part 2: Customer type			
Please select one or more of the following that is o	applicable to the entity:		
Self Managed Super Fund (SMSF)	Private Company		Sole Proprietorship
Trust	Non-Profit Organisat	ion	Partnership
Fund as customer	100% Owned by List	ed Company	Financial Institution



# 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
<b>General information</b> 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 <a href="https://www.abs.gov.au">www.abs.gov.au</a> and select Statistics > Classifications > ANZSIC - Industry Classifications > Search ANZSIC. Further information is also available on our website under the ANZSIC FAQs at <a href="ing.com.au">ing.com.au</a>.

Class (4 digit code)	Name					
Popular industries						
ANZSIC Class Name		Class Code	ANZSIC Clas	ss Name		Class Code
Superannuation Fund		6330		ystem Design and	Related Services	7000
Financial Asset Invest	•	6240	,			9540
Other Social Assistan	ce Services	8790			nd Technical Services	
Accounting Services	and Related Consulting Servi	6932 ces 6962		ruction Services n.e Property Operators		3299 6711
Other Health Care Sei	_	8599			eering Consulting Serv	
Other Interest Group		9559		ntial Property Oper		6712
If applicable, please	select any of the below indu	ustries that the entity o	perates in:			
	•					
Armament service	es	Remittance		Regis	stered online gambling	
Unlicensed gamb	ling	Pornographic acti	vities	Non-	profit organisations	
Non-regulated/un	nlicensed financial services	Weapons		Ther	mal coal-fired power pl	ants
Mountain top rem	noval mining	Shell or correspon	dent banks			
Standard Economic S	Sector Classifications of Aus	tralia (SESCA)				
Please select the SES	CA classification most releva	nt to the entity by selec	ting one of the a	vailable options be	low. Options may var	y depending on the
	r information is available on					
SESCA		Company	Company as Trustee	Individuals as Trustee	Partnerships	Incorporated Association
Community service o	rganisations					
Private non-financial	corporations					
Private unincorporate	ed businesses					
Self Managed Supera	nnuation Fund					
Other Superannuation	n Fund					
Special Purpose Vehic	cle					
Source of funds (p	lease select one main source	e of funds)				
Dividends or in	ncome from business	Insurance /Settle	ement proceeds		Sale of property or inv	vestments
Donation (Cife			·		, , ,	
Donation/Gift		Investment inco	me			
Grant/Subsidy		Royalties				
•	tities (please select one of	the following options)				
If you select (a) or (b	•	or Front Continue to about a	CMCE-) (-1			
	an Australian Superannuatio	in Funa (which includes	SMSFS) <b>(please pi</b>	roceed to Part 5)		
	olease proceed to Part 5)					
1. Is incorpor	ated in Australia; and					
2. Has a regis	stered address in Australia; a	nd				
4. Less than !	nancial Institution, Listed Corp 50% of the entity's gross inco passive income for the last fir	ome was passive incom		interests and royal	ties) and less than 50	% of assets held
	above (please proceed to Pa	-				



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 Identification	n Number ("TIN")	
Is Australia the sole tax residence of	the entity?	s No		
If you answered <b>No</b> above, please co	mplete the table below	indicating:		
<ul> <li>each country of tax residence</li> </ul>	u for the account holde	er (other than Australia)		
<ul> <li>the account holder's TIN or e</li> </ul>	~			
- 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 <b>Yes</b> 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:	
<ul> <li>This Self-Certification on behalf of the entity identified in Part 1 of this fo</li> <li>The information of Controlling Persons in Part 5 of this form.</li> </ul>	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	
<ul> <li>the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exch</li> </ul>	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)
<b>Note:</b> 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 ING self-ce foreign tax residency details (please proceed to Part 3).	rtification on or afte	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, $\operatorname{ple}$	ease complete the f	ollowing:	
	Residentia	address	
Given name	Street addre	SS	
Family name	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)			
Cidzerianip(a)			
	_		



# 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 Burea full list of ANZSIC Class cod	des 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 Operator Engineering Design and Engineering Design and Engineering Physical Recreation Legal Services Adult, Community and Othe Creative Artists, Musicians, Wallectrical Services Plumbing Services	ineering 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	egistered online gambling	
Unlicensed gambling	Pornographic activit	ties No	on-profit organisations	
Non-regulated/unlicensed financial services	Weapons	Th	nermal coal-fired power pla	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.
<ul> <li>each country of tax residency for the account holder (other than Austral</li> </ul>	lia)
<ul> <li>the account holder's TIN or equivalent, such as your Social Security Num</li> </ul>	
Country TIN	
NAC A TINE of the second of th	Tible)
<b>Note:</b> 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	
<ul> <li>the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exc</li> </ul>	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	
<b>Note:</b> 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