

# ANZ V2 PLUS APPLICATION FORM



This application form is to be used when applying for an ANZ V2 PLUS account via an authorised ANZ V2 PLUS Intermediary (or Adviser) and serves as an acceptance of funds from individuals and organisations.

## Applicants must:

- Be 18 years of age or over. If the applicant is under 18 years of age, the account must be opened in either the parent's or guardian's name.
- Read the ANZ Saving & Transaction Products - Terms and Conditions and ANZ Personal Banking - Account Fees and Charges for this product and ANZ Personal Banking - General Fees and Charges and the Financial Services Guide prior to applying for this product
- Provide acceptable identification as outlined in Appendix A of this document (where required)

Please complete the relevant sections as indicated below according to the type of account to be opened.

## TRUSTS / SUPERANNUATION FUND (INCLUDING SELF MANAGED)

### Complete Sections:

- 1) Intermediary Details
- 2) Account Type
- 3) Telephone Withdrawal
- 4) Data feeds (optional)
- 5) Account Details
- 6) Type of Account
- 7.a) Customer details for Company (where trust has a company trustee)
- 7.b) Customer details For Trust / Superannuation Fund
- 8) Customer Postal Address
- 9) Trustee Details
- 10.2) Details of Beneficial Owner(s) or Senior Managing Official
- 10.3) Details of Beneficiary
- 11) Tax Residency Details (except for Australian Superannuation funds incl. SMSF)
- 12) Joint Signatory Authority (if applicable)
- 13) Authority for Authorised Intermediary/Adviser
- 15) Customer Declaration

Refer to appendix A for ID requirements

## COMPANY / ORGANISATION:

### Complete Sections:

- 1) Intermediary Details
- 2) Account Type
- 3) Telephone Withdrawal
- 4) Data feeds (optional)
- 5) Account Details
- 6) Type of Account
- 7.a) Customer details for Company
- 8) Customer Postal Address
- 9) Director and Signatory details
- 10.2) Details of Beneficial Owner(s) or Senior Managing Official
- 11) Tax Residency Details (only where the Company is not Publicly Listed)
- 12) Joint Signatory Authority (if applicable)
- 13) Authority for Authorised Intermediary/Adviser
- 15) Customer Declaration

Refer to appendix A for ID requirements

## INDIVIDUAL / JOINT / PARTNERSHIP / SOLE TRADER

### Complete Sections:

- 1) Intermediary Details
- 2) Account Type
- 3) Telephone Withdrawal
- 4) Data feeds (optional)
- 5) Account Details
- 6) Type of Account
- 8) Customer Postal Address
- 9) Applicant Details
- 10) Sole Trader / Partnership Details (where applicable)
- 10.2) Details of Beneficial Owner(s) or Senior Managing Official (for Partnerships only)
- 12) Joint Signatory Authority (if applicable)
- 13) Authority for Authorised Intermediary/Adviser
- 15) Customer Declaration

Refer to appendix A for ID requirements

# ANZ V2 PLUS APPLICATION FORM

Complete all appropriate sections and either email, fax or post to the ANZ V2 PLUS Service Centre

V2 PLUS Service Centre  
Locked Bag 3000,  
Collins Street West,  
Melbourne VIC 8007  
Ph: 1800 282 345  
Email: V2accounts@anz.com

Please note that all new ANZ customers need to meet ANZ's identification requirements. For existing ANZ customers please complete current account details in section 9.

## 1. INTERMEDIARY DETAILS (To be completed by Intermediary)

Intermediary reference number

Internal Account Number (Star, Trading Account No. - Broker use only)

Adviser First Name

Adviser Last Name

Adviser Email Address

Adviser Firm

In relation to this application, either

- personal advice was provided to the customer; or
- the intermediary is satisfied that the customer is likely to be in the target market for the product on the basis that relevant enquiries were undertaken or appropriate warnings were given to the customer through the application process.

## 2. ACCOUNT TYPE

ANZ V2 PLUS with direct banking facilities\*  ANZ V2 PLUS without direct banking facilities

\*Generally, ANZ won't process a transaction that will overdraw your account. However, if your account is overdrawn, you may be charged fees and interest.

## 3. TELEPHONE WITHDRAWAL

Please enable telephone withdrawal access for transfers via the ANZ V2 PLUS Service Centre (account holder only)

Yes  No

If neither box is ticked you will be deemed to have elected a 'No' response

## 4. DATA FEEDS (OPTIONAL)

Please link the account to the following data feeds:

BGL  Class Super  Super Myway  BankLink-MYOB  Praemium  X-Plan  CMC Markets (GBST)

## 5. ACCOUNT DETAILS

Account Name

Account Designation

Superannuation Fund/Company/Partnership/Trust/Organisation/Deceased Estate details

Name

## 6. TYPE OF ACCOUNT

Individual  Sole Trader  Joint  Partnership  Trust  Super Fund (Including Self Managed)  Company

# ANZ V2 PLUS APPLICATION FORM

## 7.a. CUSTOMER DETAILS FOR COMPANY

For Trusts, all Trustees must be listed. Please provide details for any entity that is a trustee. Where there is more than 1 Trust/Company/Partnership, please attach and complete another copy of this page.

Full Name of Company

Country in which the Company was established

Purpose for seeking banking service

Full Business/Name (if applicable)

Principal place of Business Address

Suburb  State

Registered Office Address (if different from above)

Suburb  State

ACN of Company

ABN/ARBN/Company Registration Number

Type of Company (Private/Public)

TFN

Industry/Nature of Business  
(generates at least 50% of your gross income OR at least 50% of the assets of the Company are held in connection with carrying on the business identified as the nature of business)

Postcode  Country

Postcode  Country

## 7.b. CUSTOMER DETAILS FOR TRUST/SUPERANNUATION FUND

Trustee details must be provided, for individuals go to section 7, if corporate trustee go to 7a.

Full Name of Trust/Superannuation Fund

Type of Trust / Superannuation Fund (e.g. Discretionary Trust, Regulated, SMSF)

Principal place of Business address

Suburb  State

Postcode  Country

Registered Office address (if different from above)

Suburb  State

Postcode  Country

Country in which the Trust /Superannuation Fund was established

Purpose for seeking banking service

Registration Number (e.g. ABN or ARSN)

TFN

For corporate Trustee enter full details in Section 6.a

Industry/Nature of Business  
(generates at least 50% of your gross income OR at least 50% of the assets of the Trust are held in connection with carrying on the business identified as the nature of business)

Full name of the settlor of the trust (excluding Regulated Trusts)

## 8. CUSTOMER POSTAL ADDRESS

Full name of Company (if applicable)

Phone (B/H)  Phone (A/H)

Mobile  Fax

Address

Suburb  State

Postcode  Country

# ANZ V2 PLUS APPLICATION FORM

## 9. FOR TRUSTEE / DIRECTOR / APPLICANT / SIGNATORY DETAILS

(To be completed by any/all parties operating on this account, including both signing and non-signing directors)

Trustee 1  Director 1  Applicant 1  Signatory 1  Partner 1

Title  First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Work phone number  Home phone number

Date of birth  Occupation

TFN or Exemption  Country of Citizenship

Other Country of Citizenship (if applicable)

Are you an existing ANZ customer?  Yes  No

If yes, please note your account details below

BSB  Account number

Does this customer require the account linked to Internet banking?  Yes  No

Does the customer require a Debit Card?  Yes  No

If you are applying for this account in your capacity as the trustee of a Self-Managed Superannuation Fund, then you should seek independent financial, legal and taxation advice before requesting a debit card.

ANZ CRN

To ensure account linkage to Internet Banking, please specify the customer's current CRN. If a CRN is not provided, or the customer is new to ANZ, a CRN will be issued.

### Tax Residency Details

Please complete the following if you are an Individual/Joint Account Holder, Sole Trader, Sole Proprietor or if you are a Trustee, Director or Partner where the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

I am only Tax Resident in Australia

OR

I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

Trustee 2  Director 2  Applicant 2  Signatory 2  Partner 2

Title  First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Work phone number  Home phone number

Date of birth  Occupation

TFN or Exemption  Country of Citizenship

Other Country of Citizenship (if applicable)

Are you an existing ANZ customer?  Yes  No

If yes, please note your account details below

BSB  Account number

Does this customer require the account linked to Internet banking?  Yes  No

Does the customer require a Debit Card?  Yes  No

ANZ CRN

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

# ANZ V2 PLUS APPLICATION FORM

Trustee 3  Director 3  Applicant 3  Signatory 3  Partner 3

Title  First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Work phone number  Home phone number

Date of birth  Occupation

TFN or Exemption  Country of Citizenship

Other Country of Citizenship (if applicable)

Are you an existing ANZ customer?  Yes  No

If yes, please note your account details below

BSB  Account number

Does this customer require the account linked to Internet banking?  Yes  No

Does the customer require a Debit Card?  Yes  No

If you are applying for this account in your capacity as the trustee of a Self-Managed Superannuation Fund, then you should seek independent financial, legal and taxation advice before requesting a debit card.

ANZ CRN

To ensure account linkage to Internet Banking, please specify the customer's current CRN. If a CRN is not provided, or the customer is new to ANZ, a CRN will be issued.

## Tax Residency Details

Please complete the following if you are an Individual/Joint Account Holder, Sole Trader, Sole Proprietor or if you are a Trustee, Director or Partner where the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

I am only Tax Resident in Australia

OR

I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason codes:

A - TIN Not Issued (The Country does not issue TINs)

B - TIN Not Required (The Country does not require collection of a TIN)

Trustee 4  Director 4  Applicant 4  Signatory 4  Partner 4

Title  First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Work phone number  Home phone number

Date of birth  Occupation

TFN or Exemption  Country of Citizenship

Other Country of Citizenship (if applicable)

Are you an existing ANZ customer?  Yes  No

If yes, please note your account details below

BSB  Account number

Does this customer require the account linked to Internet banking?  Yes  No

Does the customer require a Debit Card?  Yes  No

ANZ CRN

(Please note, US Citizens are considered to be Tax Residents of the US)

I am only Tax Resident in Australia

OR

I have included below all countries in which this Individual is Tax Resident (other than Australia)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C - TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z - TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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## 10. SOLE TRADER / PARTNERSHIP / DETAILS OF BENEFICIAL OWNERS If customer is a sole trader, please enter individual details in section 10.

### 10.1 Details of Sole Trader/Partnerships

Full name of Business/ Partnership

Registered business name of the Partnership (if any)

Registered office address

Suburb

State

Postcode

Country

Principal place of business (if different)

Suburb

State

Postcode

Country

Industry/Nature of Business

(generates at least 50% of your gross income OR at least 50% of the assets of the business are held in connection with carrying on the business identified as the nature of business)

Phone number

ARBN, ABN, or other

Purpose for seeking banking service (excluding sole trader)

Professional Association Name (for regulated partnership)

Does the Business/Partnership have an existing ANZ account?

Yes  No

If yes, please note your account number

Country in which partnership was established

Registration No. (for regulated partnership, if any)

# ANZ V2 PLUS APPLICATION FORM

## 10.2 Details of Beneficial Owner(s) or Senior Managing Official

Please refer to Appendix C to determine the Beneficial Owner(s) or Senior Managing Official. This section does not need to be completed by account holders who are Individuals, Sole Traders and Regulated Trusts (except for a corporate trustee of a Self-Managed Super Fund).

Beneficial Owner       Senior Managing Official

Title

First name

Do you have any Middle name(s)?  Yes  No  
 If yes, please fill out the below field.  
 Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Date of birth

TFN or Exemption

Occupation

Country of Citizenship

Other Country of Citizenship (if applicable)

Beneficial Owner

Title

First name

Do you have any Middle name(s)?  Yes  No  
 If yes, please fill out the below field.  
 Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb  State

Postcode  Country

Date of birth

TFN or Exemption

Occupation

Country of Citizenship

Other Country of Citizenship (if applicable)

### Tax Residency Details

If the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

This Senior Managing Official/Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Senior Managing Official/Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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Beneficial Owner

Title

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Country

Date of birth

TFN or Exemption

Occupation

Country of Citizenship

Other Country of Citizenship (if applicable)

Beneficial Owner

Title

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential address (PO Box is not acceptable)

Suburb

State

Postcode

Country

Date of birth

TFN or Exemption

Occupation

Country of Citizenship

Other Country of Citizenship (if applicable)

## Tax Residency Details

If the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficial Owner is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficial Owner is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.



# ANZ V2 PLUS APPLICATION FORM

## 10.3 Details of Beneficiary (Trust/Superannuation Fund)

For Trusts except Regulated Trusts (refer definition in Appendix D), all beneficiaries and classes of beneficiaries must be listed. ANZ requires the full name of each beneficiary in existence, or where beneficiary (classes) are defined, the description of the class(es)

An example of a class of beneficiaries is 'all children of John Smith'

Title

First name

Do you have any Middle name(s)?  Yes  No  
 If yes, please fill out the below field.  
 Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb  State

Postcode  Country

Date of Birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

Title

First name

Do you have any Middle name(s)?  Yes  No  
 If yes, please fill out the below field.  
 Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb  State

Postcode  Country

Date of Birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

### Tax Residency Details

If the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

- This Beneficiary is only Tax Resident in Australia  
**OR**  
 I have included below all countries in which this Beneficiary is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

Reason codes:  
 A – TIN Not Issued (The Country does not issue TINs)  
 B – TIN Not Required (The Country does not require collection of a TIN)

(Please note, US Citizens are considered to be Tax Residents of the US)

- This Beneficiary is only Tax Resident in Australia  
**OR**  
 I have included below all countries in which this Beneficiary is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)  
 Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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Title

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb

State

Postcode

Country

Date of Birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

Title

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Residential Address (Street Name and Number, PO Box is not acceptable)

Suburb

State

Postcode

Country

Date of Birth

Class of Beneficiary

Class of Beneficiary

Class of Beneficiary

## Tax Residency Details

If the Account Holder has indicated that it does earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Account Holder's assets produce or are held for producing investment income, please complete the following:

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficiary is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficiary is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

### Reason codes:

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

(Please note, US Citizens are considered to be Tax Residents of the US)

This Beneficiary is only Tax Resident in Australia

OR

I have included below all countries in which this Beneficiary is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

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## 11. TAX RESIDENCY DETAILS

Please complete the following information unless the Account holder is a Superannuation Fund (incl. Self-Managed Super Fund), Government Body, Public Listed Australian Company or an Individual/Sole Trader.

The Entity is **only** Tax Resident in Australia

**OR**

The Entity has no residency for tax purposes and its place of effective management or jurisdiction in which its principal/registered office is included below

**OR**

I have included below all countries in which the Entity is Tax Resident (**other than Australia**)

Country of Tax Residence (Do not include country of Australia)	Taxpayer Identification Number (TIN) (or country equivalent)	Reason Code (if TIN not provided)	Explanation (if Reason Code is Z)

**Reason codes:**

A – TIN Not Issued (The Country does not issue TINs)

B – TIN Not Required (The Country does not require collection of a TIN)

C – TIN Applied For (I have applied for a TIN and will inform you upon receipt)

Z – TIN Unobtainable (I am unable to obtain a TIN) Please provide explanation.

Does the Entity Account Holder earn at least 50% of its total income from investment activities (for example: rent, interest or dividends); or at least 50% of the Entity's assets produce or are held for producing investment income.

Yes       No

If the Account Holder indicates Yes to this question, please ensure you complete the Tax Residency Details for all Controlling Persons in Section 8 and Section 9. Please attach additional sheets to the application where the form does not allow the capture of all Controlling Persons.

## 12. JOINT SIGNATORY AUTHORITY

Either party to sign       All parties to sign (only available for ANZ V2 PLUS without direct banking facilities)

If neither box is ticked, any single party may operate the joint account alone.

## 13. AUTHORISED INTERMEDIARY/ADVISER ACCESS LEVEL

**It is important that you (the account holder) carefully consider and choose the level of Intermediary/Adviser access that is appropriate for your circumstances.**

I/we authorise the Authorised Intermediary/Adviser to access my/our account to the following extent:

**View only** - The Authorised Intermediary/Adviser may only view your ANZ V2 PLUS Account.

**Trade and view only** - The Authorised Intermediary/Adviser may make deposits into, and withdrawals from, your ANZ V2 PLUS Account, via the real time share trading interface in order to withdraw funds for share purchases and deposit the proceeds of share sales. The authorised representative may also view your ANZ V2 PLUS Account.

**Full access** - the Authorised Intermediary/Adviser has the same level of access to your ANZ V2 PLUS Account as you. This includes authority to make deposits into, and withdrawals from (excluding telephone withdrawals), your ANZ V2 PLUS Account and to view your ANZ V2 PLUS Account.

Signature of Customer/s

Date

Signature of Customer/s

Date

By signing the above, you authorise your nominated Intermediary/Adviser to have the indicated level of access to your ANZ V2 PLUS account.

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## 14. YOUR PERSONAL INFORMATION

### Collection, use and disclosure of personal information

ANZ is collecting your personal information to enable it to process this application and for the purposes described in the product terms and conditions. Without this information we may not be able to consider or process your application.

You agree that ANZ may disclose your personal information to:

- any agent, contractor or service provider ANZ engages to carry out or assist its functions and activities;
- an organisation that assists ANZ to identify, prevent or investigate any fraud, unlawful activity or misconduct (or suspected fraud, unlawful activity or misconduct);
- any related entity of ANZ; and
- your referee.

ANZ may disclose information to recipients (including service providers and related entities) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in ANZ's Privacy Policy and at [www.anz.com/privacy](http://www.anz.com/privacy).

ANZ's Privacy Policy ([www.anz.com/privacy](http://www.anz.com/privacy)) contains information about:

- any laws that require or authorise ANZ to collect certain information from you;
- the circumstances in which ANZ may collect your information from other sources (including from a third party);
- how to access your information and seek correction of your information; and
- how you can raise concerns that ANZ has breached the Privacy Act or an applicable Code and how ANZ will deal with these matters.

### Tax Residency Details

- I/We have obtained the necessary consent and authorisation to allow disclosure and use of the Tax Residency Details provided in this form.
- I/We will notify ANZ within 30 day of any change to the Account Holders Tax Residency Details and Tax Residency Status. (This could include but not limited to changes to your TIN, primary nature of business or tax classification)

### Promotion of other products and services

ANZ may use your information to help ANZ promote its products or services or those of its related entities or organisations that are in a product or marketing alliance with ANZ (alliance partners). ANZ may also disclose your information to its related entities or alliance partners to enable them or ANZ to tell you about a product or service.

Where you do not want ANZ to tell you about its products and services or those of its related entities or alliance partners, you may call 13 13 14 at any time to withdraw your consent.

### Further information

Your product terms and conditions booklet and our ANZ Privacy Policy contain further information about our handling of the information we collect during the course of your relationship with ANZ.

### Where you provide ANZ with information about someone else

If you have provided information about someone else, please show them a copy of this clause so that they may understand how ANZ may use and disclose their information.

### Personal information

Your agreement to the use and disclosure of your personal information applies to any personal information collected by us in the course of your relationship with us.

## 15. CUSTOMER DECLARATION

I/We apply to open the account described on this form. I/We acknowledge that I/we have read and accept the ANZ Saving & Transaction Products - Terms and Conditions and ANZ Personal Banking - Account Fees and Charges for this product and ANZ Personal Banking - General Fees and Charges and the Financial Services Guide.

I/We acknowledge that I/we understand the fees and charges that may apply to this account and I/we agree to those fees and charges.

I/We acknowledge that interest accrues daily at a variable rate and is paid quarterly. I/we have the current interest rates made available to me/us.

I/We certify that:

- I/We understand and agree to all matters specified in this form and this declaration
- the Country in which the Trust/Superannuation Fund/Company/Partnership was established as specified in section 7 of this form is accurate and can be relied upon by ANZ
- the Industry/Nature of Business specified in this form generates at least 50% of the Trust/Superannuation Fund/Company/Partnership's gross income
- all other information provided in this form is true and correct
- I/We have requested a debit card to provide access to the ANZ V2 PLUS account (if applicable)

I/We confirm I/we require the ANZ V2 PLUS account to manage funds in connection with services provided to me by my/our Authorised Intermediary/Adviser.

I/We appoint the Authorised Intermediary/Adviser - whose details appears in this form (or any new adviser that I/We appoint for this account) to access and operate the account, including through its employees, to the extent specified in Section 13 of this Application.

I/We agree that I/We will notify you of any changes to this arrangement and accept that additional documentation maybe required.

# ANZ V2 PLUS APPLICATION FORM

I/We authorise ANZ to provide the Authorised Intermediary/Adviser, whose details appears on this form (or any new adviser that I/we appoint); access to any personal or financial information that relates to my/our application or account including copies of documents issued in relation to the account (this is in addition to the powers that the Authorised Intermediary/Adviser may have as an authorised operator). If the adviser is a company or partnership, I/we authorise ANZ to provide such information to any officer, employee or partner of the company or partnership. If the account is to be held in a trust, details of the trustee and beneficiaries of the trust have been submitted with this application form.

I/we authorise ANZ to disclose current and historical transactional details, including account balances in relation to my/our account/s to the Data Feed Service Provider/s selected at section 4 of this form, to be made available to my/our Authorised Intermediary/Adviser.

I/we authorise ANZ to link the account/s covered by this application form to such Share Trading Feed and Clearing Service Providers as are engaged by ANZ to allow cash transfers from, and direct trade settlements into, my/our accounts.

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Capacity (e.g. Director)

Signature of Customer

Date

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Capacity (e.g. Director)

Signature of Customer

Date

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Capacity (e.g. Director)

Signature of Customer

Date

First name

Do you have any Middle name(s)?  Yes  No

If yes, please fill out the below field.

Middle name(s)

Last name(s)

Capacity (e.g. Director)

Signature of Customer

Date

## Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 1800 282 345 and return the original facsimile/document to us by mail at our expense. Thank you.

# ANZ V2 PLUS APPLICATION FORM

## APPENDIX A: ACCEPTABLE IDENTIFICATION DOCUMENTS

Guidance note for certified copies:

- When using certified copies (where permissible), the certification document must not be > 3 months old
- Where certified copies are sighted, they must be original certified copies of the documents and not copies of the certified copy document.
- Original application is required by ANZ
- Acceptable documents used for identification are listed below

## IDENTIFICATION REQUIREMENTS FOR NON-INDIVIDUAL ACCOUNTS

If you are...	We will need ID from...	Forms of ID required...
A trust	• At least one Trustee(s)	• Where the trustee is an individual, trustee to be identified as per the verification requirements for an individual; where the trustee is a company, trustee to be identified as per the verification requirements for a company
	• The trust	• An original or certified copy/extract of trust deed
A partnership	• At least one Partner • Each signatory (including Partners)	• The Partner and each signatory to be identified as per the verification requirements for an individual
	• Partnership business	• An original or certified copy/extract of the Partnership Agreement; or • An original or certified copy/extract of the Australian Partnership Taxation Return; or • An original or certified copy/extract of the minutes of the meeting for the partnership confirming the attendance and approval by authorised office holders for the partnership
A company	• Each signatory	• Each signatory to be identified as per the verification requirements for an individual
	• The company	• ASIC search; or • ASX search (for companies listed publicly in Australia)

## Authorised Persons

The following is a list of persons authorised to certify a copy. Unless it is specified that the Authorised Person may be overseas, an Authorised Person must be either an Australian Citizen or Permanent Resident of Australia.

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
2. A judge of a court in Australia;
3. A magistrate in Australia;
4. A chief executive officer of a Commonwealth court;
5. A registrar or deputy registrar of a court;
6. A Justice of the Peace;
7. A notary public (for the purposes of the Statutory Declaration Regulations 2018) in Australia or overseas;
8. A police officer;
9. An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
11. An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) - position can be held overseas;
12. An officer with 2 or more continuous years service with one or more Australian financial institutions (for the purposes of the ... or overseas financial institutions with which ANZ has an existing correspondent banking relationship - position can be held overseas;
13. A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 2018);
14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees;
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants;
16. A pharmacist.
17. Employee of the Australian Trade Commission (AUSTRADE) who is overseas:
  - (a) in a country or place outside Australia; and
  - (b) authorised under paragraph 3(d) of the Consular Fees Act 1955; and
  - (c) exercising his or her function in that place

## Identification verification documents for individuals

Every account holder and signatory will need to verify his or her identity by providing one of the following combinations of identity documents:

- At least One Primary identification document, or
- Any Two Secondary identification documents

Documents must be originals, or certified copies where permissible. Certified copies must be less than 3 months old and must be original certified copies, not copies of certified copies.

# ANZ V2 PLUS APPLICATION FORM

## ACCEPTABLE IDENTIFICATION DOCUMENTS FOR INDIVIDUALS

**MUST** provide identification as per the following options:

- At least ONE Primary identification document type, **OR**
- At least TWO different types of Secondary identification documents
- Each identification document that is accepted **MUST** have **Name and Date of Birth or Residential Address** (except Medicare Card)
- No document type can be used more than once
- Documents must be current unless otherwise specified
- Where you are giving us information that is different or has changed from that shown on identification documents, you must provide us with appropriate linking documents that explain the difference
- Utility Bill is not accepted as an identification document, but is accepted as a linking document to explain an address change

Category	Verification Document
<b>Primary</b> Identification Document Types	<ul style="list-style-type: none"> <li>• Australian State/Territory photographic driver's licence or learner's permit</li> <li>• Australian Passport (current, or one that has expired within the past two years)</li> <li>• Foreign Passport*</li> <li>• Australian State/Territory Government issued Proof of Age card</li> <li>• Foreign Government issued National Identification card*</li> <li>• Australian Firearms/Shooting Licence</li> <li>• Australian Explosives Licence</li> </ul>
<b>Secondary</b> Identification Document Types	<p>Maximum of ONE of each Document type:</p> <ul style="list-style-type: none"> <li>• Birth certificate, birth card, birth extract issued by an Australian State or Territory, or Foreign Government* (commemorative certificates are not accepted), Integrated Birth Certificate (IBC) issued by NSW Government</li> <li>• Australian Medicare card</li> <li>• Foreign driver's licence*</li> <li>• Australian or Foreign citizenship certificate*</li> <li>• Australian Government card or notice issued by Centrelink to concession holder</li> </ul> <p>Includes any ONE of:</p> <ul style="list-style-type: none"> <li>• DHS Commonwealth Seniors Health Card or Health Care Card</li> <li>• DHS or DVA Pensioner Concession card</li> <li>• Benefits Notice (less than 12 months old)</li> </ul> <p>Australian ImmiCard. Includes any ONE of:</p> <ul style="list-style-type: none"> <li>• Evidence of Immigration Status (EIS) ImmiCard</li> <li>• Permanent Resident Evidence (PRE) ImmiCard</li> <li>• Residence Determination ImmiCard (RDI)</li> </ul> <ul style="list-style-type: none"> <li>• Australian School attendance letter issued by principal to person under 18, recording residential address and period of attendance (less than 3 months old)</li> <li>• Australian Tax Office (ATO) assessment notice (less than 12 months old) with name and residential address</li> <li>• Notice issued by approved Australian Aged Care facility (less than 12 months old) with name and residential address</li> <li>• Letter issued by the Australian Electoral Commission (less than 3 months old) with name and residential address</li> </ul>

\*If your identification document is written in a language other than English, you must provide a translation into English by a translator who is accredited by the National Accreditation Authority for Translators and Interpreters.

Alternative <b>Primary</b> Identification Document Types	<p>If the customer identifies as Aboriginal and/or Torres Strait Islander heritage and not otherwise able to provide other forms of identification, ONE of the following may be used;</p> <ul style="list-style-type: none"> <li>• Aboriginal and/or Torres Strait Islander Community ID Card OR</li> <li>• Statement by Referee (Refer to the below List of Acceptable Referees) <ul style="list-style-type: none"> <li>• An official from an Aboriginal and Torres Strait Islander organisation, or a board member of a local Aboriginal land council; or</li> <li>• Community Leader or recognised Elder (who is not a parent, sibling, or child of the customer); or</li> <li>• School principal or School counsellor; or</li> <li>• Health Professional such as a general practitioner, nurse practitioner, psychologist, Aboriginal or Torres Strait Islander health worker or counsellor; or</li> <li>• The customer's current employer or manager; or</li> <li>• Police officer; or</li> <li>• A religious leader; or</li> <li>• Manager or warden of a refuge or shelter accommodation or homeless shelter; or</li> <li>• Financial counsellor or financial capability worker; or</li> <li>• A legal aid or community lawyer; or</li> <li>• Other social support services such as family violence workers, social workers or youth services; or</li> <li>• Services Australia (Centrelink) Staff; or</li> <li>• A person qualified to witness a statutory declaration, e.g., Justice of the Peace, Pharmacist, Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office providing postal services to the public.</li> </ul> </li> </ul>
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# ANZ V2 PLUS APPLICATION FORM

Acceptable Linking Documents			
Name	Adoption Papers	Birth Certificate with Endorsement	Change of Name Certificate (Deed Poll)
	Court Order	Marriage Certificate	Certificate of Divorce (Decree Nisi)
Address	Lease/Rental Agreement	Change of Address label on back of Driver's Licence	Utility Bill (no more than 3 months old)

## IDENTIFICATION REQUIREMENTS FOR INDIVIDUALS AND SIGNATORIES

If you are ...	We will need ...
Current ANZ customer(s)	Just your ANZ account number so we can refer to the identification you have on file with us
A current ANZ customer, with joint account holder(s) new to ANZ	Provide your ANZ account number, and identity verification documents – as previous – for the joint account holder(s)
New to ANZ – individual over 18 years of age or a Sole Trader	Identity verification documents – as previous

## APPENDIX B: AUTOMATIC EXCHANGE OF INFORMATION

Tax regulations require ANZ and its Controlled Entities ("ANZ") to collect an Entity/Controlling Person(s) Self-Certification that establishes the Entity's status and includes tax residence(s). ANZ may be required to provide information to relevant tax authorities (including where a valid Self-Certification(s) is not provided). Automatic Exchange of Information (AEOI) may include the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS).

## APPENDIX C: BENEFICIAL OWNERS AND SENIOR MANAGING OFFICIALS

*For companies, partnerships, associations and co-operatives*

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

Any individual who ultimately owns (directly or indirectly) 25% or more of the entity or organisation (for a company, this means 25% or more of the issued share capital).

Where there are no such individuals, or you have doubt as to whether the individuals exercise control through their ownership, provide the details of any individuals who exercise control (directly or indirectly) through:

- the ultimate authority to make financial and operating decisions on a day-to-day basis;
- voting rights of 25% or more;
- authority to control decisions and operations through a power of veto; or
- for co-operatives and associations, entitlement to on dissolution to 25% or more of the property of the co-operative and association

An individual will have control if they hold the relevant rights or powers directly, or indirectly through a chain of ownership or by means of trusts, agreements, arrangements, understanding and practices.

**If you cannot identify a beneficial owner, provide the details of a Senior Managing Official:**

A Senior Managing Official is an individual who makes or participates in key decisions or can significantly affect the entity or organisation's financial standing of the Company (e.g. CEO, CFO, COO, President, Treasurer, Secretary, Chairman, Partner, Managing Director)

*For trusts (other than regulated trusts)*

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

- the appointer or protector of the trust
- any other individual who can appoint/remove trustees or add/remove beneficiaries
- trustees who have discretion over how to distribute trust property (or where the trustee is a company, the individuals who own or control the trustee, including through a chain of ownership or control)
- any individual who can direct or veto the decisions of the trustee(s)
- in respect to unit trusts, any individual that holds 25% or more of the units

Beneficial owner(s) or senior managing official are required to provide acceptable identification documents and linking documents (if applicable), where they have not previously been identified by ANZ.

## APPENDIX D: REGULATED TRUST DEFINITION

A Regulated Trust is;

- a trust that is registered and subject to the regulatory oversight of a Commonwealth statutory regulator e.g. superannuation fund regulated by the Australian Taxation Office (ATO) or Australian Prudential Regulation Authority (APRA)
- a domestic Registered Managed Investment Scheme (RMIS); registered with Australian Securities and Investments Commission (ASIC) to which persons make contributions and has an Australian Registered Scheme Number (ARSN)
- an Australian Managed Investment Scheme not registered with ASIC that:
  - only has wholesale clients; and
  - does not make small scale offerings to which section 1012E of the Corporations Act 2011 applies
- a government superannuation fund; a trust that is a superannuation fund for government employees established by legislation.