

Customer & Account Alterations



Branch/Agent Name: _____ Branch/Agent No: _____ Date: ____/____/____

Tick the required change (or any combination) below and complete the relevant section, including "Customer Authorisation". Customer Name (refer below):

| | | |
|-------------------------------------|--------------------------|--|
| Add/Delete Non-Titled Member | <input type="checkbox"/> | Complete Part A (Complete Signature Capture (IC021) form/Imaged Signature Maintenance (IG024) form and forward to Servicing Department) |
| • Type I Customers | | Customer & Account Alteration form (IG122) and photocopies of the ID documents, filed in the designated folder. At the end of the month, place the Customer & Account Alteration form (IG122) with all ID in an archive box. |
| • Type C Customers | | Photocopy of the Customer & Account Alterations form (IG122), KYC Information Form/s and ID documents together with KYC Interface printouts to be filed in the designated folder. A complete copy must be sent to the domicile branch to file in the Branch Authorities folder. Original Customer & Account Alterations form (IG122) and all associated documents are then filed in the processing Branch's Authorities folder. At the end of the month, place a photocopy of the Customer & Account Alterations form (IG122) with all ID in an archive box. |
| Account Signing Instructions | <input type="checkbox"/> | Complete Part B (Complete Signature Capture (IC021) form and forward to Servicing Department / Complete online Signature Maintenance (OL237) form) |
| Address/Name/Signature | <input type="checkbox"/> | Complete Part C (Complete a Signature Capture form/s for change of signature & forward to Servicing Department) |
| Operating/Collect Branch | <input type="checkbox"/> | Complete Part D (Forward to Domiciled Branch Retail Operations Centre for authorisation) |

Account Name, Customer Numbers, Ledger/Account Numbers (Record only those effected by change)

Account Name: _____
Customer & Ledger Number/s: _____
Account No's: _____

A. Add/Delete a Non-Titled Member

Non-Titled Member 1:

Add / Delete Existing Customer: Yes No Account No: _____ Best Record Number: _____
Mr/Mrs/Miss/Ms Surname: _____ First Name: _____ Middle Name/s: _____
Residential Address (PO Box not acceptable): _____
State: _____ Postcode: _____ Date of Birth: ____/____/____
Email Address: _____ Signature Capture Form No.: _____
Ph: (W) _____ Ph: (H) _____ NTM Type: _____ Occupation: _____
Does the applicant reside in an "Additional Know Your Customer Country?" Yes (please complete overleaf) No

Non-Titled Member 2:

Add / Delete Existing Customer: Yes No Account No: _____ Best Record Number: _____
Mr/Mrs/Miss/Ms Surname: _____ First Name: _____ Middle Name/s: _____
Residential Address (PO Box not acceptable): _____
State: _____ Postcode: _____ Date of Birth: ____/____/____
Email Address: _____ Signature Capture Form No.: _____
Ph: (W) _____ Ph: (H) _____ NTM Type: _____ Occupation: _____
Does the applicant reside in an "Additional Know Your Customer Country?" Yes (please complete overleaf) No

Foreign Applicants

If yes, complete the following fields:

Applicant Name:

Occupation:

Country of citizenship:

Reason for opening an account in Australia:

Salary range: \$0 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$100,000 \$100,001 +

Foreign Accounts Tax Compliance Act (FATCA) - Completion of all questions is mandatory

Are any applicants Citizens or Residents of the US for Tax purposes? Yes - please complete the Foreign Tax Details Form (OA740) No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? Yes - please complete the Foreign Tax Details Form (OA740) No

Is the Entity a Financial Institution? Yes - please complete the Foreign Tax Details Form (OA740) No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax Purposes? Yes - please complete the Foreign Tax Details Form (OA740) No

For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

Common Reporting Standard (CRS) - Foreign Tax - Completion of all questions is mandatory

Are any individual applicants residents of any country other than Australia or US for tax purposes? Yes - please complete the Foreign Tax Details Form (OA740) No

Is the Entity created in any country other than Australia or US? Yes - please complete the Foreign Tax Details Form (OA740) No

Is the Entity Account Holder a Passive Non-Financial Entity? Yes - please complete the Foreign Tax Details Form (OA740) No

B. Change Account Signing Instructions

Withdrawals on my/our account/s recorded above are to be signed as specified:

One to Sign Two or More to Sign Signing Instructions as specified below

(Remember to load comments regarding special signing instructions)

C. Change of Address/Name/Signature

Titled Member: Non-titled Member: Corporate: Title: Mr / Mrs / Miss / Ms

Business Name:

Surname: First Name: Middle Name/s:

Postal Address:

State:

P/Code:

Residential Address (if applicable):

State:

P/Code:

Country:

Ph: (W)

Ph: (H)

Email Address:

Remember to load comments recording both new name and old name.

D. Change of Operating Branch and/or Collect Branch details of plastic cards & cheque books

Tick Box (to choose option)

- Change the operating Branch of **ALL** accounts held under all Customer Numbers recorded above and change "Collect Branch" details of **ALL** attached Cheque Books and Plastic Cards.*
- Change the operating Branch and "Collect Branch" details only for accounts specified above.*
- Only change the operating Branch of accounts specified above.*
- Only Change the "Collect Branch" details of Cheque Books and Plastic Cards attached to the accounts specified above.

Comments/Reason: _____

Originating Branch Number: Current Region holding the majority of funds is: _____

New Branch Number:

| | Customer 1 | Customer 2 | Customer 3 |
|------------------------|------------|------------|------------|
| Total Current Balance: | \$ _____ | \$ _____ | \$ _____ |

Regional Manager's Authorisation:
(from Region currently holding majority of funds)

Signature:

Protecting your Privacy when you notify us of a change in your personal details

1. We, Bendigo Bank, collect your personal information so that we can change your personal details and can continue to administer the financial products that you have with us. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to change your personal details or continue to administer the financial products you have with us.
2. We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details).

We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, plastic card and cheque production bureaux, electronic network administrators, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, insurers, intermediaries, valuers, other credit providers, credit reporting bodies and government authorities. If we have provided you with credit, we may also disclose your information to organisations (such as ratings agencies, administrators and trustees) for the purpose of assessing the risk in purchasing and effecting the purchase of that credit by way of securitisation arrangement. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank® companies where its confidentiality is maintained at all times.
3. Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.
4. In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1300 361 911.
5. We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please contact us on 1300 236 344 (1300 BENDIGO).
6. You should also read our Privacy Policy. Our Privacy Policy contains information about:
 - a. how you can access and seek correction of your personal information;
 - b. how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
 - c. if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.Our Privacy Policy is available on our website www.bendigobank.com.au or by telephoning 1300 361 911.

I/We confirm the details on this form are correct and that I have read and agree to the privacy collection statement above.

Non-Titled Member 1. Signature: _____ Date: / /

Non-Titled Member 2. Signature: _____ Date: / /

Customer Authorisation

You confirm that you ask us to authorise one or more other people to access and operate your account. A person who is authorised to operate your account is called an authorised signatory. This includes:

- a. A person who is authorised to access and operate your account without a card - an authorised signatory;
- b. A person who is authorised to access and operate your account with a card - an additional cardholder; and
- c. A third party authorised by you to use Bendigo Phone Banking or Bendigo e-banking to access or access and operate your nominated account and who is registered with us as an authorised user for use of Bendigo Phone Banking or Bendigo e-banking - an authorised user.
- d. You consent to us giving authorised signatory information about your account.

You are liable for any action taken by your authorised signatories, authorised cardholder or authorised user.

We are entitled to act on all instructions given by your authorised signatories in accordance with your operating instructions (including appointing a new authorised signatory or revoking the authority of an authorised signatory) unless the authorised signatory is an authorised user who can only access, but not operate, your account in which case we will only act on the instructions of that person in so far as they relate to accessing your account. We are not required to make any inquiries in relation to any instructions received by an authorised signatory in relation to the operation of your account.

When signing on behalf of an organisation: I/we confirm we are authorised to sign on the behalf of this organisation. I/we also confirm that the rules/constitution of the organisation do not limit or prevent this maintenance from occurring.

I/We confirm the details on this form are correct and request Bendigo Bank to act on my/our instructions as specified and I have read and agree to the privacy collection statement above.

| | |
|---------------------------------------|---------------------------------------|
| Signature: _____ Date: / / | Signature: _____ Date: / / |
|---------------------------------------|---------------------------------------|

Office Use Only

- I confirm that all Customer signatures have been verified as required. Date: / /
- This form and all associated maintenance as per below to be carried out at Branch level has been completed correctly, according to Bendigo Bank procedures. Staff Signature/No: _____

- | | |
|--|--|
| <input type="checkbox"/> LINX (Update address, NTM DOB, email address) | <input type="checkbox"/> CSS (add/delete NTM) |
| <input type="checkbox"/> RFSB (comments -1.2.m8) | <input type="checkbox"/> Card Maintenance |
| <input type="checkbox"/> eBanking | <input type="checkbox"/> Signature Maintenance |