Add a Power of Attorney (POA)

AUSTRALIAN MUTUAL BANK

Membership Details (PLEASE PRINT IN BLOCK LETTERS)

Membership name	Member no.

Add a Power of Attorney (PLEASE PRINT IN BLOCK LETTERS)

☐ Enduring Power of Attorney ☐ General Power of Attorney Expiry date ☐ Yes ☐ No ☐ N/A Date

Title	Given name	Middle name	Member no.
Surname		Date of birth	
Name by which you are commonly known (if different from above)			
Marital status (optional)		Gender ☐ Male ☐ Female	
Residential address: Street no. & name			
Suburb		State	Postcode
Contact details Email			
Mobile	Home phone	Work phone	
Drivers licence number			

Are you an Australian citizen? ☐ Yes ☐ No If No country of citizenship?

Are you an Australian resident? ☐ Yes ☐ No If No country of residency?

Are you a resident for tax purposes of another country? ☐ Yes ☐ No If Yes complete an Individual Tax Residency form

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

A person or that has been entrusted with prominent public position or function in an Australian government body or foreign country or a close relative or associate of a PEP.

Authority under the Power of Attorney

A Power of Attorney (POA) is a legal document that appoints an attorney(s) to act on the member's (principal's) behalf and authorises the attorney(s) to manage the member's financial affairs as is set out in the POA document. Conditions and Limitations will be prescribed in the POA document.

Certified copy of General POA provided ☐ Yes ☐ No

Certified copy of Enduring POA provided ☐ Yes ☐ No

Legally, the attorney must represent the member's (principal's) interests.

- I accept that I must always act in the principal's best interest
- I accept that as attorney I must keep my own money and property separate from the principal's money and property
- I accept that I should keep reasonable accounts and records of the principal's money and property
- I accept that unless expressly authorised, I cannot gain a benefit from being an attorney
- I accept that I must act honestly in all matters concerning the principal's legal and financial affairs.

Signature of attorney

X Date / /

Account facilities required

☐ Internet Banking ☐ Visa Debit card

Method of operation

☐ Jointly ☐ Jointly and severally

Limitations of the Power of Attorney (PLEASE PRINT IN BLOCK LETTERS)

Other Attorneys? (PLEASE PRINT IN BLOCK LETTERS)

Declaration

I/We the undersigned being the owners of this membership, apply to add an attorney to manage my account under the POA document provided. I/We certify that I/we are the survivor/survivors of the person/s who were last authorised to operate the account.

Signature of member

X Date / /

Signature of member

X Date / /

Signature of member

X Date / /

Signature of member

X Date / /

To implement these changes, all account owners must sign.