

Collection and verification of Know Your Customer information for associations

In this document, “the Bank”, “we”, “us” and “our” means Teachers Mutual Bank Limited (TMBL) and “you” means the person applying for or with one or more of our products and services.

What is this form for?

Teachers Mutual Bank Limited is collecting your organisation’s and its related parties’ information to comply with regulatory obligations including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

The form will assist Teachers Mutual Bank Limited to collect and verify your organisation’s details. The form is not for the application of any of the Bank’s products or services.

How to complete this form

This form applies only to associations (incorporated or unincorporated) including registered co-operatives.

It is not to be used for any other organisation types.

Note: TMBL only accepts Australian associations, association must be incorporated or established in Australia.

All fields marked with (*) are mandatory.

Who can complete this form?

Any individual who currently holds one of the following roles in the organisation:

- ▶ Chairperson
- ▶ Secretary
- ▶ Treasurer

Part 1: Organisation information

Full name of organisation*

Business name (if applicable)

Unique identifying number (Issued by state or territory body responsible for incorporation of association) (if applicable)

Australian Business Number (ABN) or Australian Company Number (ACN) (if applicable)

Select organisation type below:*

Incorporated association Unincorporated association Registered co-operative

Industry information* – what is the primary business/purpose of the organisation?

Registered office address* (PO Box is not accepted)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Place of business* (PO Box is not accepted)

Same as registered office address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary place of operations*

Located in Australia? Yes No Please specify which country

Is the organisation a not for profit?*

- Yes, please provide industry/sector
- No

Is the organisation operating as a charity?*

- Yes, please provide objective/purpose of charity
- No

Is the organisation's primary business activity investments?*

- Yes, if the organisation generates 50% or more of total income from investments (e.g. rent, interest or dividends) **or** 50% or more of the company's assets produce or held for producing investment income.
- No

Source of wealth* - what is the business's main source of savings or investments?

- | | | |
|--|---|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Dividends and returns | <input type="checkbox"/> Donations |
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Funds from council | <input type="checkbox"/> Funds from government |
| <input type="checkbox"/> Funds from state | <input type="checkbox"/> Gifts | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Lottery or gambling winnings | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Pension or retirement funds | <input type="checkbox"/> Property sales | <input type="checkbox"/> Trust funds |

Source of funds* - where does the majority of money entering the business's account(s) come from?

- | | | |
|---|--|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Dividends and returns | <input type="checkbox"/> Employment income |
| <input type="checkbox"/> Gifts | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Investment income |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Rental income | <input type="checkbox"/> Sales of assets |
| <input type="checkbox"/> Savings | | |

Type of business relationship with TMBL* – what is the business's main reason for banking with us?

- Transactional Savings Short-term borrowing Long-term borrowing Investment

Part 2: Association tax information

Collecting the tax status of the organisation as required by United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

For more information, please visit the ATO's website (ato.gov.au/businesses-and-organisations/international-tax-for-business/working-out-your-residency)

Is the Association considered a tax resident of a country apart from Australia?*

- Yes
- No

If Yes, please provide details below*

Country	Tax Identification Number (TIN)
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If there is no TIN, please tick the reason why no TIN is provided

- Country of tax residency does not issue TINs to tax residents
- Association has not been issued with a TIN
- Country of tax residency does not require the TIN to be disclosed

If more than one country, please add the additional countries in the **Part 7: Additional information.**

Part 3: Officeholder information

Please provide details of key officeholders:

Note:

- ▶ Key persons provided below will be required to undergo full individual on-boarding and identification
- ▶ Beneficial owner is an individual who:
 - ▶ Is entitled (directly or indirectly) to exercise 25% or more of voting rights including power of veto
 - ▶ Is entitled on dissolution to 25% or more of the property of the association

Chairperson (or equivalent)*

Full given name(s)	Middle names (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Is a beneficial owner <input type="checkbox"/> Yes <input type="checkbox"/> No

Secretary (or equivalent)*

Full given name(s)	Middle names (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Is a beneficial owner <input type="checkbox"/> Yes <input type="checkbox"/> No

Treasurer (or equivalent)*

Full given name(s)	Middle names (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Is a beneficial owner <input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficial owner (if applicable, please include other beneficial owners in the additional information)

Full given name(s)	Middle names (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Is a beneficial owner <input type="checkbox"/> Yes <input type="checkbox"/> No

Member of unincorporated association

Only required if 'unincorporated association' was selected

Full given name(s)	Middle names (if applicable)	
Surname	Date of birth (DD/MM/YYYY)	
Customer number	Is a beneficial owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street no. & name		
Suburb	State	Postcode

Part 4: Additional documentation

Please note that you may be asked to provide a wet ink copy of certified or original of one of the following applicable documents listed below to your local TMBL branch:

- ▶ Unincorporated association:
 - ▶ Minutes of meeting, held within the last 12 months
Note: Does not need to be an Annual General Meeting
 - ▶ Association constitution
- ▶ Incorporation association or registered co-operative:
 - ▶ Association constitution or association rules

Part 5: Privacy

Please visit our website to view our latest privacy policy or request for a copy at any of our branches.

Our privacy policy tells you:

- ▶ other methods and reasons we may collect, utilise or disclose your information.
- ▶ how to access your information and correct it if it's incorrect.
- ▶ how to make a privacy related complaint (including our compliance with the Australian Privacy Principles, credit reporting rules and codes) and how we will deal with the complaint.

How to contact us

If you have any queries regarding privacy, contact us using any of the methods below:

Teachers Mutual Bank Limited

- ▶ Phone: 1800 862 265
- ▶ Email: privacy@tmbl.com.au
- ▶ Post: GPO Box 5313, Sydney, NSW, 2001

Part 6: Declaration

Customer's Declaration

This declaration must be signed by an individual who is properly authorised to act for, and make declarations on behalf of, the entity named in this application.

I acknowledge that Australian law requires all applicants to provide information that is accurate, complete and truthful. This includes disclosing every name by which an individual or entity is ordinarily known. I understand that the law strictly prohibits the use of false, fabricated or misleading names, and forbids the creation, use, supply or presentation of false or misleading statements or documents in connection with financial services or any process used to verify identity.

Where this application includes personal information about any individual other than myself, I confirm that I have obtained that individual's permission to provide their details. I also confirm that those individuals have been notified of, and have agreed to, the collection, use and sharing of their personal information in accordance with the Privacy Policy of TMBL.

Where relevant, I certify that I am authorised by the individual(s) and by the entity to submit all information contained in this form. Those individuals have confirmed to me that the information relating to them is accurate and complete. I further confirm that I have informed them that their information, and information relating to the account, may be disclosed to taxation authorities when required under applicable law.

I declare that all information supplied in this form is complete, correct and current. I agree to notify TMBL immediately if any details change after submission.

- I acknowledge that Teachers Mutual Bank Limited may request additional documents or further clarification, including items listed in **Part 4: Additional Documentation**, if further verification or information is required.

Name*	Position*
Signature*	Date (DD/MM/YYYY)*

Part 7: Additional information

Part 8: Office use only

Association verification documents

Document type	Document number	Document date

Authorised bank officer

I certify that the procedure to collect/verify the information for the association has been complied with.

Returning this form



kycrefresh@tmb.com.au



Teachers Mutual Bank Limited,
Reply Paid 92325, Sydney NSW 2001