

Collection and verification of Know Your Customer information

Partnerships

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 to all partnerships including informal and formal types.

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

Note: TMBL only accepts Australian partnerships, these must be established in Australia.

All fields marked with (*) are mandatory.

Who can complete this form?

Any individual partner or if there are any organisational partner(s), someone who holds position of authority in the organisational partner per below:

If there is a trust partner, anyone who holds one of the following roles in the trust:

- ▶ Trustee
- ▶ Beneficiary
- ▶ Appointer
- ▶ Principal

If there is a company partner or trust has corporate trustee, anyone who holds one of the following roles in the company:

- ▶ Director
- ▶ Secretary
- ▶ Shareholder

Part 1: Partnership information

Full name of partnership *

Full business name(s) (If applicable)

Trading name (If applicable)

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

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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Was the partnership established in Australia

Yes No Please specify which country

Primary place of operations*

Located in Australia? Yes No Please specify which country

Is the partnership a not-for-profit?*

Yes, please provide industry/sector
 No

Is the partnership operating as a charity?*

Yes, please provide objective/purpose of charity
 No

Source of wealth* - what is the partnership'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 partnership'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 partnership's main reason for banking with us?

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

Industry of partnership's main business*

Part 2: Partnership tax information

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

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

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

- 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
 Trust 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 **Part 8: Additional information** at the end of the form.

Part 3: Detailed partnership information

Select organisation type below:*

- Informal partnership
 Formal partnership

Is the partnership regulated by a professional association?*

- Yes, please provide details of professional association
 No, please provide full name and address of each individual and/or corporate partner(s) in the section below

Is there a partnership agreement?*

- Yes, you may be required to provide a wet ink copy of the original or certified partnership agreement at your local TMBL branch.
 No

Is the partnership's primary business activity investments?*

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

Partner details

- ▶ Formal partnership – provide details and identification for any of the partners.
- ▶ Informal partnership – provide details of all partners involved.

Note:

- ▶ All partners named in this form will be required to undergo full individual on-boarding and identification.
- ▶ If there are more partners, please provide their details in **Part 8: Additional information**.

Partner 1*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if partner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Partner 2*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if partner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Partner 3*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if partner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Partner 4*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if partner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Part 4: Beneficial owner information**1. Are there any individuals who own 25% or more of the partnership, either directly or indirectly?**

- Yes, provide details of all individuals below.
- No, please answer Question 2.

2. If no individual owns 25% or more, are there individuals entitled (either directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto?*

- Yes, provide details of all individuals below.
- No, provide details below of the individuals who are responsible for the strategic or financial decisions of the partnership (that is, the individual who exercises primary control over the organisation because of the partnership and the position they hold, e.g. managing partner or senior managing official).

Note: Beneficial owners provided below will be required to undergo full individual on-boarding and identification.
 If there are more than four beneficial owners, please provide their details in **Part 8: Additional information**.

Beneficial Owner 1*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if beneficial owner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Beneficial owner 2*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if beneficial owner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Beneficial Owner 3*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if beneficial owner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Beneficial owner 4*

Full given name(s) / entity name	Also known as / trading name (if applicable)
Surname	Date of birth / Date of incorporation (DD/MM/YYYY)
Customer number	Registration number (only if beneficial owner is an entity)

Address: provide either residential address (individual) or registered office address (organisation), PO Box is not accepted

Street no. & name		
Suburb	State	Postcode

Part 5: Additional documentation

Please note that you will be asked to provide an original or certified copy of the following applicable documents listed below to your local TMBL branch:

Documents for the partnership:

- ▶ An original certified copy or certified extract of the executed partnership agreement which includes:
 - ▶ Partnership name, establishment date, registration details
 - ▶ Partnership's purpose, partners' names and their contributions, manager's power (if applicable)
- ▶ Reliable and independent documents relating to the partnership such as:
 - ▶ An original or certified copy of minutes of a partnership meeting
 - ▶ An original or certified copy of notice from the Australian Taxation Office showing the partnership
 - ▶ Business name or Australian Business Number

Documents for the partner(s), beneficial owner(s) and signatory(s):

- ▶ Identification documents is required for the following:
 - ▶ All beneficial owners
 - ▶ All individual partners
 - ▶ All corporate partners (if applicable)
 - ▶ Any individual you would like to operate the account (signatories).
- ▶ If you have any corporate partners, they will need to fill in the relevant KYC verification form and bring the required documents relevant to their organisation type.

Part 6: Privacy

Please visit our privacy policy at tmbank.com.au/privacy for the latest privacy policy or request for a copy at any of our branches.

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 its 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, use any of the methods set out below:

Teachers Mutual Bank Limited

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

Part 7: 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 5: Additional documentation**, if further verification or information is required.

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

Part 8: Additional information

Part 9: Office use only

Company client ID

Company verification documents

Document type	Document number	Document date

Authorised bank officer

I certify that the procedure to collect/verify the information for the partnership have been complied with.

Bank officer's name

Staff number

Bank officer's signature

Date

Branch stamp / BSB

Returning this form



kycrefresh@tmb.com.au



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