

Signature update

What are your personal details?

First account holder

| | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|-------------------------------|----------------------|----------------------|--------------|----------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | Other | <input type="text"/> | Member no. | <input type="text"/> |
| First names | <input type="text"/> | | | | | | Surname | <input type="text"/> |
| Street no. & name | | | | | | | | |
| Suburb | <input type="text"/> | | | State | <input type="text"/> | | Postcode | <input type="text"/> |
| Postal address (if different from above) | | | | | | | | |
| Suburb | <input type="text"/> | | | State | <input type="text"/> | | Postcode | <input type="text"/> |
| Home phone | <input type="text"/> | | | Work phone | <input type="text"/> | | Mobile phone | <input type="text"/> |
| Email | | | | | | | | |

Second account holder

| | | | | | | | | |
|--|-----------------------------|------------------------------|-----------------------------|-------------------------------|----------------------|----------------------|--------------|----------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | Other | <input type="text"/> | Member no. | <input type="text"/> |
| First names | <input type="text"/> | | | | | | Surname | <input type="text"/> |
| Street no. & name | | | | | | | | |
| Suburb | <input type="text"/> | | | State | <input type="text"/> | | Postcode | <input type="text"/> |
| Postal address (if different from above) | | | | | | | | |
| Suburb | <input type="text"/> | | | State | <input type="text"/> | | Postcode | <input type="text"/> |
| Home phone | <input type="text"/> | | | Work phone | <input type="text"/> | | Mobile phone | <input type="text"/> |
| Email | | | | | | | | |

Please sign below in black pen only

First account holder

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

Second account holder

| | | | |
|-----------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|

Please attach:

A Certify Identity - Adult and certified copies of your identification

Office use only

| | |
|-----------------|----------------------|
| Member no | <input type="text"/> |
| Operator no | <input type="text"/> |
| Date actioned | <input type="text"/> |
| Sig verified by | <input type="text"/> |

Returning this form



Teachers Mutual Bank Limited, Reply Paid 7501, Silverwater NSW 2128

Faxed or scanned documents cannot be accepted

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Certify Identity – Adult

This form is to be used when an individual, due to distance from a Teachers Mutual Bank Limited office, is not able to present their original identification documents to The Bank in person.

Please refer to the instructions and checklist on page 4 on how to complete this form.

What are your personal details?

| | |
|---|---------------------------------------|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/> | Date of birth <input type="text"/> |
| Given names <input type="text"/> | Last name <input type="text"/> |
| Also known as (if applicable) <input type="text"/> | |
| Residential address (where you live) | |
| No/Street <input type="text"/> | Suburb/Town/City <input type="text"/> |
| State/Territory <input type="text"/> | Postcode <input type="text"/> |
| Country <input type="text"/> | |
| Signature of individual (to be signed in the presence of the certifier) <input type="text"/> | |

What are the details of the person certifying?

Privacy Statement for Certifier – please refer overleaf. Please complete to enable the Bank to contact you if necessary to confirm any information on this form.

| | | |
|---|---------------------------------------|-----------------------------------|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/> | Occupation <input type="text"/> | |
| Given names <input type="text"/> | Last name <input type="text"/> | |
| Contact details | | |
| Home phone <input type="text"/> | Work phone <input type="text"/> | Mobile phone <input type="text"/> |
| Name and address of employer | | |
| Name of employer <input type="text"/> | | |
| No/Street <input type="text"/> | Suburb/Town/City <input type="text"/> | |
| State/Territory <input type="text"/> | Postcode <input type="text"/> | Country <input type="text"/> |

Capacity of certifier (refer overleaf and tick the number)

1 2 3 4 5 6 7 8 9 10 11 12 13

Details of original identification documents sighted and photocopies attached (eg passport, driver's licence)

List: A B C Document type: 1 2 3 4 5 6 (refer overleaf and tick type of document)

List: A B C Document type: 1 2 3 4 5 6 (refer overleaf and tick type of document)

List: A B C Document type: 1 2 3 4 5 6 (refer overleaf and tick type of document)

Where the names on the identification documents differs from the name used by the individual, please provide the explanation given by the individual or sight and record documentation which identifies the individual in their former name (eg marriage certificate, deed poll) as issued by Births, Deaths & Marriages.

Declaration of certifier

- I have examined the originals of all the individual's identification documents selected above.
- The copies of the individual's identification documents attached are true and correct copies of the original documents that I have examined and certified
- The individual signed this form in my presence.

| | |
|---|---------------------------|
| Signature of certifier <input type="text"/> | Date <input type="text"/> |
|---|---------------------------|

Categories of Certifiers

- 1 Teacher employed on a full time basis at a school or tertiary education institution
- 2 Justice of the Peace
- 3 Permanent employee of Australia Post with 2 or more years of continuous service
- 4 Legal practitioner (eg solicitor or barrister)
- 5 Police officer
- 6 Pharmacist
- 7 Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- 8 Permanent employee of the Commonwealth or of a State or Territory or a Local Government authority with 2 or more years of continuous service
- 9 Finance company officer, a bank, credit union or building society officer, with 2 or more years of continuous service
- 10 Member of the Commonwealth, State or Territory Parliaments or a Local Government authority of a State or Territory
- 11 Magistrate, judge of a court or chief executive officer of a Commonwealth Court
- 12 Clerk, registrar or deputy registrar of a court.
- 13 Australian notary public if overseas.

Acceptable Identification Documents

One document from List A

List A

Primary Photographic Identification Documents

- 1 Current photo driver's licence or permit issued by a State, Territory or foreign government.
- 2 Photo ID Proof of Age card issued by State or Territory government excluding NSW. For NSW – NSW photo card.
- 3 Current passport (or expired within last 2 years) issued by the Commonwealth.
- 4 Passport or similar document, with photo of the person, issued by a foreign government, the United Nations, or a UN agency – if not in English – accompanied by an English translation prepared by an accredited translator.
- 5 National ID card, with photo and signature of the person, issued by a foreign government, the United Nations, or a UN agency – if not in English – accompanied by an English translation prepared by an accredited translator.

OR one document from List B PLUS one document from List C

List B

Primary Non-Photographic Identification Documents

- 1 Birth certificate issued by a State or Territory.
- 2 Birth extract issued by a State or Territory.
- 3 Citizenship certificate issued by the Commonwealth.
- 4 Pension card issued by Centrelink.
- 5 Birth certificate issued by a foreign government or the UN if not in English accompanied by an English translation prepared by an accredited translator.
- 6 Citizenship certificate issued by a foreign government if not in English accompanied by an English translation prepared by an accredited translator.

List C

Secondary Identification Documents

- 1 **A notice that:**
 - ▶ was issued to an individual by the Commonwealth, a State or Territory within the preceding 12 months (eg Social Security Notice, Taxation Notice)
 - ▶ contains the name of the individual and his or her residential address and
 - ▶ records the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory (as the case may be).
- 2 **A notice that:**
 - ▶ was issued to an individual by the Australian Taxation Office within the preceding 12 months (eg HECS statements, Income Tax statement)
 - ▶ contains the name of the individual and his or her residential address and
 - ▶ records a debt payable to or by the individual by or to (respectively) the Commonwealth under a Commonwealth law relating to taxation.
- 3 **A notice that:**
 - ▶ was issued to an individual by a local government body or utilities provider within the preceding 3 months (eg water, electricity, phone, rates notice)
 - ▶ contains the name of the individual and his or her residential address and
 - ▶ records the provision of services by that local government body or utilities provider to that address or to that person.

Instructions and Checklist for Certifier

- All parts of the Certified Identity Certificate have been completed.
- You are a person within a specified class of acceptable certifiers defined in the Categories of Certifiers above.
- All identification documents are current and the first page of the copies has been certified with 'This is a true copy of the original document before me' followed by the certifiers signature, full name, position and date. All subsequent pages have been initialled.
- All identification documents are certified with at least one being from List A (ie primary photographic identification document) **OR** one document from List B (ie primary non-photographic identification document) **PLUS** one document from List C (ie secondary identification document).
- The combination of identification documents certified confirms the individual's full name, residential address and date of birth.
- The individual has signed the Certified Identity Certificate in your presence.
- The certified copies of the identification documents are attached to this Certified Identity Certificate.
- You are not related to the applicant.

Note:

It is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* to knowingly provide false or misleading information or knowingly produce a false or misleading document. Penalty: Imprisonment for 10 years.

If any document is written in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

Privacy Statement for Certifier

Teachers Mutual Bank Limited is collecting your personal information in order to assist in the identification of the individual under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*. If you do not provide us with personal information about you we may not be able to process the membership application of the individual. We will not disclose personal information about you to any third party, unless required to do so by law. We are not likely to send your information overseas. Our Privacy Policy is available at tmbank.com.au. The Policy contains information on access to and correction of personal information; and our complaints process. You may contact us by email at privacy@tmbank.com.au or by calling **13 12 21**.

Office use
only

| | |
|-----------------|----------------------|
| Member no | <input type="text"/> |
| Operator no | <input type="text"/> |
| Date actioned | <input type="text"/> |
| Sig verified by | <input type="text"/> |

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