# Student Banking Form -PiggySaver Account





By law, all signatories to an account must provide proof of identity. To access Phone and Internet Banking, you must be over the age of 12 years.

| Account Name | , Customer Numbers | . Ledger | Account Number | (Office Use Only) |
|--------------|--------------------|----------|----------------|-------------------|
|              |                    |          |                |                   |

| Account Name:                |      |  |
|------------------------------|------|--|
| Customer & Ledger Number(s): |      |  |
| Account Number(s):           | <br> |  |

### **Instructions for Completion**

Parent or Guardian - please complete the form and return to your child's school.

It is generally accepted within the Finance Industry that a child under the age of 12, (i.e. pre-secondary school), cannot provide a consistent signature. As a result, a PiggySaver Account for a child under 12 years of age must be opened in the child's name with the parent/guardian as a signatory.

Please note that all fields marked with an asterix (<sup>\*</sup>) are mandatory.

Identification for your child depending on their age complete:

- Option A for a child under the age of 6 years, or
- Option A and B for a child over 6 years of age.

Identification for the Parent or Guardian:

- If you are not an existing customer, you will be required to visit your local branch to provide identification prior to being able to withdraw from the account.

Please DO NOT include cash or cheques with this form.

#### Know Your Customer (KYC) Information

New individuals who are operating accounts in the following capacity are to have their details collected in the "Applicant 1" to "Applicant 3" sections located on this form:

- · Individuals operating accounts in their own name
- · Individuals who are signatories to any account (including Parents or Guardians)

Note - The "Identification Documents for your Child" and "Identification Documents for Parent or Guardian" sections of this form must also be fully completed.

| School Details                  |  |
|---------------------------------|--|
|                                 |  |
| Name of your child's school:    |  |
| Address of your child's school: |  |
|                                 |  |

# Applicant 1 - Child's Details

| Master / Miss              | Surname:*    |         |        |   |                 |
|----------------------------|--------------|---------|--------|---|-----------------|
| First Name:*               |              |         |        | Middle Name/s:*                             |                 |
| Residential Address (not P | O Box):*     |         |        |   |                 |
|                            |              |         | State: | Postcode:                                   | Country:        |
| Postal Address:            |              |         |        |   |                 |
|                            |              |         | State: | Postcode:                                   | Country:        |
| Date of Birth*:            |              | Ph: (H) |        |   |                 |
| Does the child reside in   | n Australia? | Yes     | No     | If no, please visit your local branch to op | en the account. |

| Applicant 2 - Parent or Guardian   |                  |        |            |                        |                                       |
|------------------------------------|------------------|--------|------------|------------------------|---------------------------------------|
| Mr / Mrs / Miss / Ms               | Surname:*        |        |            |                        |                                       |
| First Name:*                       |                  |        | Middle Nar | me/s:*                 |                                       |
| Residential Address (not PO Box):* |                  |        |            |                        |                                       |
|                                    |                  | State: |            | Postcode:              | Country:                              |
| Postal Address:                    |                  |        |            |                        |                                       |
|                                    |                  | State: |            | Postcode:              | Country:                              |
| Ph: (W)                            | Ph: (H)          |        | Ph: (M)    |                        | Occupation:                           |
| Drivers Licence/Passport Number:   |                  |        |            |                        | Date of Birth:*                       |
| E-mail Address:                    |                  |        |            |                        |                                       |
| Does the parent or guardian resid  | le in Australia? | Yes    | No         | If no, please visit yo | our local branch to open the account. |
| Applicant 3 - Parent or G          | uardian          |        |            |                        |                                       |

| Foundation Accounts         | s Tax Compliance Act       |        | Oomaal  | otion of this      | a attice to exceed atom.                  |  |
|-----------------------------|----------------------------|--------|---------|--------------------|---|--|
| Does the parent or guar     | rdian reside in Australia? | Yes    | No      | lf no, please visi | it your local branch to open the account. |  |
| E-mail Address:             |                            |        |         |                    |   |  |
| Drivers Licence/Passport N  | lumber:                    |        |         |                    | Date of Birth:*                           |  |
| Ph: (W)                     | Ph: (H)                    |        | Ph: (M) |                    | Occupation:                               |  |
|                             |                            | State: |         | Postcode:          | Country:                                  |  |
| Postal Address:             |                            |        |         |                    |   |  |
|                             |                            | State: |         | Postcode:          | Country:                                  |  |
| Residential Address (not PC | D Box):*                   |        |         |                    |   |  |
| First Name:*                | t Name:* Middle Name/s:*   |        |         |                    |   |  |
| Mr / Mrs / Miss / Ms        | Surname:*                  |        |         |                    |   |  |

| Are any applicants Citizens or Residents of the US for Tax purposes? | Y | és |
|--|---|----|

or Tax purposes? Yes - please complete the Foreign Tax Details Form (0A740)

# Common Reporting Standard (CRS) - Foreign Tax - Completion of this section is mandatory

| Are any individual applicants residents of any country other than |  |
|---|--|
| Australia or US?  |  |

Yes - please complete the Foreign Tax Details Form (0A740)

# **Privacy Disclosure**

1. Collection of your personal information

We, Bendigo Bank, collect your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. 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 provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

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, 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 and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank<sup>®</sup> companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

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.

No

#### **Privacy Disclosure (continued)**

5. Access to and correction of your personal information

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

www.bendigobank.com.au or 1300 361 911.

6. Direct marketing

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 you can mark the box below or contact us on www.bendigobank.com.au or 1300 236 344 (1300 BENDIGO).

I do not wish to receive marketing material from Bendigo Bank

7. Privacy Policy

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.

#### **Personal Declaration and Joint Account Signing Instructions**

I/We confirm that all details provided in this application by me/us are true and correct. I/We also acknowledge that upon signing this declaration I/ we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on my/our account by me/us and additional cardholders nominated by me/us. If additional cardholders have been nominated by me/us, I/we authorise and instruct Bendigo Bank to pay and honour all transactions on my/our account conducted by them. Authorisations for additional cardholders to transact on my/our account are to remain in force until revoked by me/us.

I/We confirm that I/We have read and agree to the Privacy Disclosure in this application.

I/we acknowledge that where accounts are in joint names, the money in the account/s is owned jointly by us and withdrawals from the account/s can be signed by either one of us OR as specified.

One to Sign Two or More to Sign

| Parent/Guardian's signature: | Parent/Guardian's signature: |
|------------------------------|------------------------------|
|                              |                              |
|                              |                              |

#### Identification Documents for your child

For children over the age of 6 years complete option A and B. For children under 6 years of age please complete option A only.

Option A - To be completed by Parent/Guardian

I have provided a copy of the child's birth certificate to the school and authorise the school to provide a certified copy to Bendigo Bank on my behalf.

| Signature of Parent/Guardian:                  | Date: / /   |
|--|---|
| Option B - To be completed by School Principal |   |
| I Certify that (insert student name)           | residing at (insert student's residential address): |
|  |   |
| attends (insert name of school):               |   |
| Date first attended this school: / /           |   |
| Name of Principal:                             |   |
| Signature of Principal:                        |   |
|  | Date: / /   |

## Identification Documents for Parent or Guardian

# **Existing Customers**

If you are an existing customer of Bendigo and Adelaide Bank Limited please record your existing customer number below:

| Applicant 1 | Applicant 2 |  |
|-------------|-------------|--|
| Applicant 3 |             |  |

#### **New Customers**

If you are not an existing customer of Bendigo and Adelaide Bank Limited, you will be required to visit your local branch to provide identification prior to being able to withdraw from the account.

| Office Use Only  |                                      |   |
|--|--------------------------------------|---|
|  |                                      |   |
| Branch Name/No:  |                                      | Staff Name:   |
| BDM/Agent Name & No:   |                                      | ADM:  |
| Product Type:  | Product Code:                        |   |
| Know Your Customer Information Verified  |                                      |   |
| I confirm that the following Know Your Customer Informat<br>Verification Documents of this form. | ion has been verified against the lo | dentification document(s) referred to in Identification |
| Full name {middle initial(s) acceptable for a drivers  | licence} and Either                  | date of birth or residential address                    |

| Signed |  |
|--------|--|
|--------|--|

Staff number/ADM:

Date: /

/