

Term Deposit Application (Non Shareholding Customer)

Deposit Brokers use this form to set up a Gateway Term Deposit for customers being introduced to Gateway. Please send your completed form to: memberservices@gatewaybank.com.au

Important information: You will not be able to save partially completed forms.

* Denotes Mandatory Field

PART A: Customer Details

Please select one only*

Individual
 Joint
 Association
 Business/Company (ABN/ACN required)
 Registered Body (ARBN required)
 Superannuation Fund
 Trust

Full Name (and business name, if any)

Registered Address

ABN / ACN / ARBN (for Bus. / Co. / Registered Body)

Tax File Number or I want to claim an exemption I don't want to quote a TFN or claim an exemption

Please note: Collection of Tax File Numbers (TFN) is authorised by taxation laws. It is not compulsory to quote TFN but tax may be deducted from your interest if you do not quote your TFN or claim exemption. For more information, please contact the Australian Taxation Office.

Type of Trust* (i.e. SMSF, family, unit) Country Where Trust was Established*

Full Name of settlor of Trust*

Is the entity a financial institution? No Yes If Yes: please provide either GIIN (Global Intermediary Identification Number, if applicable) or FATCA status (if company does not have a GIIN).

GIIN/FATCA Status*

Account Holder/s or Company Contact/s

First Account Holder or Business Contact*

Please provide the personal and contact details for individual, trustee, proprietor or director.

Title* Mr Mrs Ms Other

Full Name*

Date of Birth* DD MM YYYY

Position Held /Occupation*

Residential Address* (PO Box not accepted)

Are you a resident for tax purposes of another country?

Yes No

Contact Details*

Phone

Email

Please provide copy of drivers licence to verify your signature.

Second Account Holder or Business Contact

Please provide the personal and contact details for individual, trustee, proprietor or director.

Title* Mr Mrs Ms Other

Full Name*

Date of Birth* DD MM YYYY

Position Held /Occupation*

Residential Address* (PO Box not accepted)

Are you a resident for tax purposes of another country?

Yes No

Contact Details*

Phone

Email

Please provide copy of drivers licence to verify your signature.

Account Beneficiary/Shareholder Details

Beneficiary/Shareholder 1

Full Name

Full Residential Address*

Date of Birth* DD MM YYYY

Occupation*

Are you a resident for tax purposes of another country?

Yes No

Beneficiary/Shareholder 2

Full Name

Full Residential Address*

Date of Birth* DD MM YYYY

Occupation*

Are you a resident for tax purposes of another country?

Yes No

Beneficiary/Shareholder 3

Full Name

Full Residential Address*

Date of Birth* DD MM YYYY

Occupation*

Are you a resident for tax purposes of another country?

Yes No

Beneficiary/Shareholder 4

Full Name

Full Residential Address*

Date of Birth* DD MM YYYY

Occupation*

Are you a resident for tax purposes of another country?

Yes No

PART B: Term Deposit Details

Term Deposit Details

Deposit Amount* \$ Interest Rate* %p.a.

How long would you like to invest?* Days Months Years

Interest Frequency*

- Monthly 6 Monthly
- At Maturity (for terms 12 mths or less)
- Yearly (for terms > 12 mths, must be paid at least annually)

How would you like interest paid?*

- Compound at maturity (i.e add to principal)
- Pay to my account

Account for Direct Credit

Bank Name

Bank Address

BSB -

Account Name

Account Number



Gateway Bank Ltd
ABN 47 087 650 093
AFSL/Australian Credit Licence 238293

PART C: Conditions and Authorisation

I/We apply to become a non shareholding customer of Gateway Bank Ltd ("Gateway").

Constitution

I/We agree to be bound by Gateway's Constitution, and any amendment thereof, lodged in accordance with the Corporations Law.

Financial Reports

Gateway will not send me/us its financial reports unless I/we ask them to. I/We can do this by telling Gateway.

Terms & Conditions of Use

I/We agree to receiving the following documents by accessing them at www.gatewaybank.com.au:

- **Gateway Deposit Accounts and Access Facilities General Conditions of Use** which incorporates the **Fees and Charges and Transaction Limits** and the **Summary of Deposit Accounts & Availability of Access Facilities**
- **Financial Services Guide**

I/We acknowledge that Gateway's '**Your Privacy**' brochure, which details Gateway's privacy processes, is available at www.gatewaybank.com.au or by calling our Member Services on 1300 302 474.

Please be aware that:

- You will be bound by the General Conditions of Use when you first use an account or access facility.
- Your signature on this form will also be used by Gateway to verify your signature for future transactions.

Third Party Authority

In relation to this Term Deposit Application (Non Shareholding customer), I/we authorise my/our Deposit Broker listed below to instruct Gateway on my/our behalf:

Broker Company Name

I/We authorise Gateway to disclose information about my/our account to my/our Deposit Broker.

I/We acknowledge that all correspondence will be sent to my/our Deposit Broker at the following address:

First Account Holder or Business Contact*

Signature*

Print Name*

Date*

Second Account Holder or Business Contact

Signature*

Print Name*

Date*

Broker Office Use Only

Broker Name

Reference / Transaction No.