

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062
A delegated body of Australian Baptist Ministries

Ph - 1300 650 542

Email - clients@bfs.org.au

Web - www.bfs.org.au



CHANGE OF AUTHORISED SIGNATORIES FORM

Client and Account Authorisation

Please complete the Authorised Signatories Form, print, and sign, before sending it to us via clients@bfs.org.au.
* **This authority replaces any previous authority** and all current signatories need to complete the Signatories section.

Client Number: _____ Account Name: _____

The Authorised Signatories shown on this form are signatories for the following account/s under the above client number effective from your receipt of this notice:

All Accounts or please insert all the applicable account numbers the signatories are authorised for:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Authority:

To operate on the accounts generally including - draw cheques, drafts or other instruments, to withdraw monies in any manner, stop or countermand payment of cheques and other instruments, place money on investment and withdraw on maturity or by arrangement with BFS prior to maturity any term investment, give or cancel authorities in Baptist Financial Services' usual form for Periodical Payments, open new account/s, close account/s, authorise any Phone/Email Password or change of Phone/Email Password, authorise access to and use of BFSOnline &/or BFSOnline Business, and advise changes to authorised signatories.

Please select your required choice and nominate the Signatories who are to receive a Statement of the account/s (If this section is not completed, we assume ALL authorised signatories are to sign and receive Statements):

Any ONE to sign; or **Any TWO to sign;** or **ALL to sign** or **Other:** _____

I/We accept that any one of the authorised signatories may endorse cheques, drafts or other instruments payable to the order of the account (or to BFS) and lodged for the credit of the account/s, and to obtain any information concerning the account/s generally.

FULL NAMES OF AUTHORISED SIGNATORIES

Please include all signatories that are authorised to operate the account **from the date of this** Change of Authorised Signatories Form onwards:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Note: If you use a cheque book please ensure that the 'Cheque Account Specimen Signature(s)' (page 7 form) is also attached and signed by each authorised signatory

The following step to be completed for Non-Individual Accounts only. Please download, complete and confirm **you have attached** the applicable Client Identification and Verification documents (www.bfs.org.au) for your type of entity.

Please also attached your governing board authorisation (usually Minutes) for the account to be opened and confirming the authorised signatories. For guidance about what the Minutes should state, please refer to our [Minutes Factsheet](http://www.bfs.org.au/resources/) for further guidance at www.bfs.org.au/resources/.

I have attached the applicable Client Identification and Verification documents for:

- INDIVIDUAL or SOLE TRADER PARTNERSHIP DOMESTIC COMPANY TRUST
 INCORPORATED ASSOCIATIONS UNINCORPORATED ASSOCIATIONS

I have attached our Minutes:

Client Details

Contact Details [Please include at least two contact details (e.g. e-mail and phone number) and area code(s)]

| | | | |
|--------------------------------|-----|--------|--|
| Contact person (if applicable) | | | |
| Phone | () | Mobile | |
| Email | | | |

Authorised signatory of account (existing)

Authorised signatory of account (existing)

| | |
|--------------------------|--------------------------|
| * | * |
| Print Name: _____ | Print Name: _____ |
| Date: _____ (dd/mm/yyyy) | Date: _____ (dd/mm/yyyy) |

Signatory One

- ♦ I wish to opt-out of receiving marketing information about other products or services BFS offers Yes
- ♦ I wish to opt-out of receiving paper Statements Yes
- ♦ I wish to have BFSOnline access (refer to [BFSOnline Application](#) from www.bfs.org.au) Yes

| Title | Given name(s)* | Middle Name(s)* | Surname* |
|--------------------|----------------|-----------------|--------------------|
| | | | |
| Driver Licence No. | | Date of Birth* | _____ (dd/mm/yyyy) |

Residential address*

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Previous Address (required if at above address for less than 2 years)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Contact Details [Please include at least two contact details (e.g. e-mail and mobile number) and area codes]

| | | | | | |
|------------|-----|---------|-----|--------------|--|
| Home Phone | () | W Phone | () | Mobile Phone | |
| Email | | | | | |

Authorised Signatory 1 signature

- I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non-Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

| | |
|---|--------------------|
| * | _____ (dd/mm/yyyy) |
|---|--------------------|

Signatory Two

- ♦ I wish to opt-out of receiving marketing information about other products or services BFS offers Yes
- ♦ I wish to opt-out of receiving paper Statements Yes
- ♦ I wish to have BFSOnline access (refer to [BFSOnline Application](#) from www.bfs.org.au) Yes

| Title* | Given name(s)* | Middle Name(s)* | Surname* |
|--------------------|----------------|-----------------|----------|
| | | | |
| Driver Licence No. | | Date of Birth* | _____ |

Residential address* (dd/mm/yyyy)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Previous Address (required if at above address for less than 2 years)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Contact Details [Please include at least two contact details (e.g. e-mail and mobile number) and area codes]

| | | | | | |
|------------|-----|------------|-----|--------------|--|
| Home Phone | () | Work Phone | () | Mobile Phone | |
| Email | | | | | |

Authorised Signatory 2 signature

- I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non-Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

| | |
|------------|--------------|
| _____ * | (dd/mm/yyyy) |
|------------|--------------|

Signatory Three

- ♦ I wish to opt-out of receiving marketing information about other products or services BFS offers Yes
- ♦ I wish to opt-out of receiving paper Statements Yes
- ♦ I wish to have BFSOnline access (refer to [BFSOnline Application](#) from www.bfs.org.au) Yes

| Title* | Given name(s)* | Middle Name(s)* | Surname* |
|--------------------|----------------|-----------------|----------|
| | | | |
| Driver Licence No. | | Date of Birth* | _____ |

Residential address* (dd/mm/yyyy)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Previous Address (required if at above address for less than 2 years)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | | | | | |

Signatory Three (cont.)

Contact Details [Please include at least two contact details (e.g. e-mail and mobile number) and area codes]

| | | | | | |
|------------|-----|------------|-----|--------------|--|
| Home Phone | () | Work Phone | () | Mobile Phone | |
| Email | | | | | |

Authorised Signatory 3 signature

- I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non-Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

| |
|--------------------|
| _____ (dd/mm/yyyy) |
|--------------------|

Signatory 4

- I wish to opt-out of receiving marketing information about other products or services BFS offers Yes
- I wish to opt-out of receiving paper Statements Yes
- I wish to have BFSOnline access (refer to [BFSOnline Application](#) from www.bfs.org.au) Yes

| | | | |
|--------------------|----------------|-----------------|----------|
| Title* | Given name(s)* | Middle Name(s)* | Surname* |
| | | | |
| Driver Licence No. | | Date of Birth* | _____ |

Residential address* (dd/mm/yyyy)

| | | | | | |
|---------------|------------|-------------|--------|-------|----------|
| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
| | | | | | |

Previous Address (required if at above address for less than 2 years)

| | | | | | |
|---------------|------------|-------------|--------|-------|----------|
| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
| | | | | | |

Contact Details [Please include at least two contact details (e.g. e-mail and mobile number) and area codes]

| | | | | | |
|------------|-----|------------|-----|--------------|--|
| Home Phone | () | Work Phone | () | Mobile Phone | |
| Email | | | | | |

Authorised Signatory 4 signature

- I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non-Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

| |
|--------------------|
| _____ (dd/mm/yyyy) |
|--------------------|

Additional Signatory(s) (please duplicate for more Signatories)

- ♦ I wish to opt-out of receiving marketing information about other products or services BFS offers Yes
- ♦ I wish to opt-out of receiving paper Statements Yes
- ♦ I wish to have BFSOnline access (refer to [BFSOnline Application](#) from www.bfs.org.au) Yes

| Title* | Given name(s)* | Middle Name(s)* | Surname* |
|--------------------|----------------|-----------------|---|
| | | | |
| Driver Licence No. | | | Date of Birth* _____ (dd/mm/yyyy) |

Residential address*

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | / | | | | |

Previous Address (required if at above address for less than 2 years)

| Property Name | Unit/St No | Street Name | Suburb | State | Postcode |
|---------------|------------|-------------|--------|-------|----------|
| | / | | | | |

Contact Details [Please include at least two contact details (e.g. e-mail and mobile number) and area codes]

| | | | | | |
|------------|-----------|------------|-----------|--------------|-------|
| Home Phone | () _____ | Work Phone | () _____ | Mobile Phone | _____ |
| Email | _____ | | | | |

Authorised Signatory signature

- I acknowledge having read, understood and accepted the terms and conditions as contained in the 'Product Information Statement – Offer Document: Debentures', and 'Product Disclosure Statement and Terms & Conditions – BFS Non-Cash Payment Products' or 'Product and Services Information– Affiliated and Wholesale Clients' as it relates to powers of Authorised Signatories.
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

| | | |
|---|-------|--------------|
| * | _____ | (dd/mm/yyyy) |
|---|-------|--------------|

Further Information

Verification of Identity

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 requires Baptist Financial Services (BFS) to confirm and verify the identity of the entity and authorised signatories before:

- an account can be opened in the name of the business entity;
- the business entity is eligible to lodge funds into an account; or
- a signatory can become an authorised signatory to the business account.



To enable us to confirm and verify the identity of the authorised signatories, we may disclose personal information such as their name, date of birth, and address to a credit reporting agency (CRA) to obtain an assessment of whether that personal information matches information held by the CRA. The CRA may check your information with the document issuer or the official record holder. The CRA may give us a report on that assessment and to do so may use personal information about the signatory and other individuals in their files. If we are unable to verify any signatory's identity using information held by a CRA, we will provide them with a notice to this effect. They may take the opportunity to contact the CRA to update the information held by them. They must also arrange verification of their identity using an alternative method acceptable to BFS.

Privacy Statement

BFS is committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy, which provides further information about how we handle your information, is available upon request or by accessing our website www.bfs.org.au.

BFS's contact details for privacy purposes are as follows:

BFS's Privacy Officer

clients@bfs.org.au

Ministry and Learning Centre, Level 4, 5 Saunders Close, Macquarie Park NSW 2113 and 1300 650 542

We generally collect personal information directly from you. For example, personal information will be collected through our application processes, forms and other interactions with you in the course of providing you with our products and services, including when you visit our website, call us or send us correspondence. We may also obtain credit information about you from identity verifiers, credit providers and credit reporting bodies on your behalf if necessary, for us to provide our services to you.

BFS collects and holds personal information for the purposes set out in the Privacy Policy.

If you do not provide us with the personal information we request, we may not be able to provide you with our products or services or meet your needs appropriately.

We may use and disclose the personal information we collect about you for the following purposes:

- to assist BFS in providing you our products and services;
- completion of documentation and application forms;
- to consider and assess your request for a product or service;
- let you know about other products or services we offer, send you information about special offers or invite you to events;
- to protect our business and other customers from fraudulent or unlawful activity;
- to conduct our business and perform other management and administration tasks;
- to consider any concerns or complaints you may have;
- to manage any legal actions involving BFS;
- to comply with relevant laws, regulations and other legal obligations;
- to help us improve the products and services offered to our customers, and to enhance our overall business; and

The types of organisations to whom we may need to disclose your personal information to include:

- a related entity of BFS;
- an agent, contractor or service provider we engage to carry out our functions and activities, such as our lawyers, accountants, or other advisors;
- organisations involved in a transfer or sale of all or part of our assets or business;
- organisations involved in managing our payments, payment merchants and other financial institutions such as banks;
- regulatory bodies, government agencies, law enforcement bodies and courts;
- your guarantor, referee(s), employer or co-account holder;
- financial product issuers;
- other credit providers and credit reporting bodies;
- a debt collector; and
- anyone else to whom you authorise us to disclose it.

We may disclose personal information to recipients that are located outside Australia in some circumstances. Any disclosure of personal information to overseas recipients will be in accordance with our Privacy Policy.

Our Privacy Policy contains information about how:

- you may access to information, including credit information, held about you;
- you may seek the correction of information, including credit information, about you;
- you may complain about a breach of the *Privacy Act 1988*, including the Australian Privacy Principles and the Credit Reporting Code; and
- we will deal with a privacy complaint.

We may use personal information we collect from you to send marketing material from time to time, unless you elect not to receive the material. We will not provide your personal information to any third party other than in accordance with our Privacy Policy.

We may also disclose your personal information to a CRA for the purpose set out above in "Verification of Identity using information at a credit reporting agency (CRA)".

Information about credit reporting, including the contact details of the CRAs we deal with, how we or a CRA may use your information, how to access our policies and your rights in relation to your credit information, is available at www.bfs.org.au. You can request to have this information provided in hard copy by contacting our Privacy Officer.

BFS Cheq

Cheque Account Specimen Signature(s)

Account Name

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BSB

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| 0 3 4 – 8 6 6 |
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Link No

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New Account

Variation to Existing Account
(Link Number Retained)

One Signature per box using BLACK INK ONLY

| | | | | |
|---------------------------------|---------------------------------|--|--|--|
| 1. Print Name: Signature: | 2. Print Name: Signature: | SIGNING SPECIFICATIONS <input type="checkbox"/> Any one to sign <input type="checkbox"/> All parties to sign <input type="checkbox"/> Other (specify) <table border="1"><tr><td> </td></tr><tr><td> </td></tr></table> | | |
| | | | | |
| | | | | |
| 3. Print Name: Signature: | 4. Print Name: Signature: | | | |
| 5. Print Name: Signature: | 6. Print Name: Signature: | | | |

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

Phone: 1300 650 542 Email: clients@bfs.com.au

Authority Effective From/...../.....

Client No:

Financial Institution Authorised Signature: