

# Membership/Account Application - Trust



Use this form to set up a Gateway Membership for a trust.

Joining is simple, we can deduct the \$2.00 Membership share subscription from your first deposit.

## IMPORTANT NOTES

To apply for Gateway Membership and the Gateway Deposit Accounts and Access Facilities - please complete all Parts. Provide copies of identification documents outlined in Part E for all signatories and beneficiaries.

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

Please print and send your completed form to: Gateway Bank, PO BOX 3176, Sydney NSW 2001.

\* Denotes Mandatory Field

## PART A: Trust Details

Full Name of Trust\*

Full Business Name\* (if any)

Country Where Trust was Established \*

Full Name of Settlor (if initial settlement amount was \$10k or more)

Type of Trust\* i.e. SMSF, family, unit

Trust's ABN or registration/licensing details\* (if applicable)

Name of Regulator\* i.e. ASIC, APRA, ATO (if applicable)

Australian Registered Scheme Number\* (ARSN) (if app)

Please attach a copy of the Trust Deed or Extract

Please provide the full name and residential address of each Beneficiary. If there are more than four beneficiaries, provide their details on a separate sheet.

Number of Beneficiaries\*  (only applicable to unregulated trusts)

**Beneficiary 1: Full Name & Residential Address**

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 2: Full Name & Residential Address**

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 3: Full Name & Residential Address**

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 4: Full Name & Residential Address**

Full Name

Full Residential Address\*

Date of Birth\* DD  MM  YYYY

Occupation\*

Are you a resident for tax purposes of another country?  
 Yes  No

**Tax File Number or Exemption for the Trust**

or  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 It is not compulsory to quote TFN but tax may be deducted from your interest if you do not quote or TFN or claim exemption. For more information, please contact the Australian Taxation Office.



**PART A: Trust Details (continued)**

|   |   |
|---|---|
| <p><b>Number of Trustees*</b> <input type="text"/></p> <p>Trustee Name:1 <input type="text"/></p> <p>Address <input type="text"/></p> <p>Date of Birth (if an individual) <input type="text"/></p> <p>ACN (if a company) <input type="text"/></p> | <p>Please provide the full name and residential/registered office address of each Trustee (PO Box not acceptable).*</p> <p>Trustee Name: 2 <input type="text"/></p> <p>Address <input type="text"/></p> <p>Date of Birth (if an individual) <input type="text"/></p> <p>ACN (if a company) <input type="text"/></p> |
|---|---|

Please provide identification documents for each signatory as outlined in Part E.

**PART A: Signatory Details**

This section (signatory details) is for completion by: Company as Trustee (A minimum of 2 directors or a director and a company secretary, except if a sole director); Individual(s) as Trustee (All trustees must be signatories)

**Signatory 1: Personal Details**

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Position\*  Trustee  Director  Company Secretary  
 Other

Gender\*  Female  Male

Date of Birth\* DD  MM  YYYY

**Residential Address\***

Are you a resident for tax purposes of another country?  
 Yes  No

**Contact Details\***

Phone     
Country Area Number

Email

**Identification** Please nominate a password/s to quote over the phone for identification purposes.  
(Signatory 1)  
Nominated Password

Please provide identification documents for each signatory as outlined in Part E.

**Signatory 2: Personal Details**

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Position\*  Trustee  Director  Company Secretary  
 Other

Gender\*  Female  Male

Date of Birth\* DD  MM  YYYY

**Residential Address\***

Are you a resident for tax purposes of another country?  
 Yes  No

**Contact Details\***

Phone     
Country Area Number

Email

**Identification** Please nominate a password/s to quote over the phone for identification purposes.  
(Signatory 2- if applicable)  
Nominated Password

Please provide identification documents for each signatory as outlined in Part E.



**PART A: Signatory Details (continued)**

This section (signatory details) is for completion by: Company as Trustee (A minimum of 2 directors or a director and a company secretary, except if a sole director); Individual(s) as Trustee (All trustees must be signatories)

**Signatory 3: Personal Details**

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Position\*  Trustee  Director  Company Secretary  
 Other

Gender\*  Female  Male

Date of Birth\* DD  MM  YYYY

**Residential Address\***

Are you a resident for tax purposes of another country?  
 Yes  No

**Contact Details\***

Phone

Email

**Identification** Please nominate a password/s to quote over the phone for identification purposes.  
 (Signatory 1)  
 Nominated Password

Please provide identification documents for each signatory as outlined in Part E.

**Signatory 4: Personal Details**

Title\*  Mr  Mrs  Ms  Other

Full Name\*

Position\*  Trustee  Director  Company Secretary  
 Other

Gender\*  Female  Male

Date of Birth\* DD  MM  YYYY

**Residential Address\***

Are you a resident for tax purposes of another country?  
 Yes  No

**Contact Details\***

Phone

Email

**Identification** Please nominate a password/s to quote over the phone for identification purposes.  
 (Signatory 2- if applicable)  
 Nominated Password

Please provide identification documents for each signatory as outlined in Part E.

**PART B: Choose your Accounts and Services**

**Select Your Account/s**

Everyday Savings Account  Funeral Saver Account  
 (Must complete sections: 'Payment of your Initial Deposit' & 'Your Regular Savings Plan')

Edge Account (no overdraft^)

100% Loan Offset Account

eMax Saver Account  Christmas Club Savings Account  Term Deposit  
 (Complete 'Your Term Deposit Details' below)

^For Edge Overdraft please complete Consumer Loan Application Form

**Select Your Service/s**

Online Banking

Telephone Banking

Visa Debit Card linked to:  
 Everyday Savings Account OR  Edge Account OR  100% Loan Offset Account



**PART B: Choose your Accounts and Services (continued)**

**Method of Operation**

Note: If no selection is made, the method of operation defaults to 'All to sign'. Online Banking can only be access if 'Any one to operate' is selected.

- All of the signatories (all to sign)
- Any of the signatories (any one to sign)
- Other - please specify

**Your Term Deposit Details**

Deposit Amount \$

- 3 mths
- 6 mths
- 12 mths
- 24 mths
- 36 mths
- 48 mths
- 60 mths

**Interest Payment Instructions**

- Compound
- Pay by cheque
- Transfer to BSB    -

Account Name  Account Number

- Interest Payment Frequency**  Monthly  Six monthly  Annually\*  At maturity#

\* For terms of 12 months or greater, interest must be paid at least annually. # For terms 12 months or less.

**PART C: Tell us Your Payment and Savings Instructions**

**Payment of Your Initial Deposit** (Minimum \$200 required for Funeral Saver Account)

Please process the initial deposit amount of \$  plus \$2 for each new Member (the Membership subscription price for one share) (if applicable) by:

- Debiting my/our Gateway account            Cheque attached
- Debiting my/our account at another financial institution by Direct Debit (Gateway Bank User ID No. 049220):

Bank Name

Bank Address

Account Name

Account Number

BSB    -

The terms and conditions for Direct Debits are set out in the 'Gateway Deposit Accounts and Access Facilities General Conditions of Use' available at [www.gatewaybank.com.au](http://www.gatewaybank.com.au) and the Direct Debit Request Service Agreement in Part F. By signing this Direct Debit Request you acknowledge that you have read and understood the Terms and Conditions governing the debit arrangements between you and Gateway.

**Account Holder**

Signature\*

Print Name\*

**Joint Account Holder** (complete if applicable)

Signature\*

Print Name\*

Note: If joint account, all accounts holders must sign - if more than 2 account-holders, please photocopy this page and attach to this form



**PART C: Tell us Your Payment and Savings Instructions (continued)**

**Your Regular Savings Plan\* - Direct Debit Request** (Mandatory for Funeral Saver Account)

I/We request and authorise Gateway Bank (User ID Number 049220), until further notice, to transfer funds detailed below by:

Debiting my/our Gateway account

Debiting my/our account at another financial institution by Direct Debit:

Bank Name  Bank Address   
 Account Name\*  Account Number          
 BSB    -

**Regular Transfer Amount** \$  (Minimum \$25 required for Funeral Saver Account)

**Transfer funds to:\***

Everyday Savings Account  eMax Saver Account  
 100% Loan Offset Account  Dollaroo Savings Account  
 Christmas Club Savings Account  Funeral Saver Account

**Frequency\***

Weekly  Fortnightly  Monthly

**Start Date of Savings Plan:**

DD  MM  YYYY

The terms and conditions for Direct Debits are set out in the 'Gateway Deposit Accounts and Access Facilities General Conditions of Use' available at [www.gatewaybank.com.au](http://www.gatewaybank.com.au) and the Direct Debit Request Service Agreement in Part F. By signing this Direct Debit Request you acknowledge that you have read and understood the Terms and Conditions governing the debit arrangements between you and Gateway.

**Account Holder**

Signature\*   
 Print Name\*

**Joint Account Holder** (complete if applicable)

Signature\*   
 Print Name\*

Note: If joint account, all accounts holders must sign - if more than 2 account-holders, please photocopy this page and attach to this form

**PART D: Conditions and Authorisation**

**Electronic verification**

Under the Anti-Money Laundering and Counter-Terrorism Financing Act, we can disclose your name, residential address and date of birth to an external service provider which we use to verify your identity electronically. The purpose of this disclosure is to ask the external service provider; which can include the document issuer or official record holder, to assess whether the personal information disclosed matches (in whole or part) personal information about you held in their records (if any). This electronic verification process helps us to verify your identity. If you do not consent to us verifying your identity by electronic verification, we will provide you with an alternate verification process to identify you. If this is the case, please contact us on **1300 302 474** for further information.

**Security and Privacy policy**

**Security**  
 We take all reasonable steps to ensure that all your personal information held by us (on our website or otherwise), is protected from misuse, interference and loss, and from unauthorised access, disclosure or modification.

**Privacy Policy**  
 Our Privacy Policy [www.gatewaybank.com.au](http://www.gatewaybank.com.au) provides additional information about how we handle your personal information. It explains how you can ask for access to personal information we hold about you and seek correction of that information. It also explains how you can complain about a breach of the Privacy Act or the Privacy (Credit Reporting) Code, and how we will deal with your complaint. We will give you a copy of our Privacy Policy on request.



**PART D: Conditions and Authorisation (continued)**

**Membership/\$2 Fully Paid Share (applicable to new Members only)**

I/We apply to become a Member of Gateway Bank ('Gateway') and to each be allotted one \$2 share. I/We authorise Gateway to deduct \$2 for each non Member from my/our loan proceeds, being the subscription price for one share.

*Constitution:*

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

*Financial Report:*

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 for related Banking Accounts and Services:*

In becoming a Gateway Member I/we acknowledge I/we have access to the Gateway Deposit Accounts and Access Facilities and agree to receiving the following documents by accessing them at [www.gatewaybank.com.au](http://www.gatewaybank.com.au):

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

**Declarations and Acknowledgements**

- I/We acknowledge that Gateway's '**Your Privacy**' brochure, detailing Gateway's privacy processes, is available at [www.gatewaybank.com.au](http://www.gatewaybank.com.au)
- I/We acknowledge that I/we will be bound by these Conditions of Use when I/we first use an account or access facility.
- I/We acknowledge that my/our signature will be used by Gateway to verify my/our signature for future transactions.
- I/We confirm that I/we am/are authorised to provide the personal details presented and I/we consent to my/our information being checked with the document issuer or official record holder for the purpose of confirming my/our identity.

|  |  |
|--|--|
| <p><b>Signatory 1</b></p> <p>Signature* <input type="text"/></p> <p>Print Name* <input type="text"/></p> <p>Date* <input type="text"/></p> | <p><b>Signatory 2</b></p> <p>Signature* <input type="text"/></p> <p>Print Name* <input type="text"/></p> <p>Date* <input type="text"/></p> |
| <p><b>Signatory 3</b></p> <p>Signature* <input type="text"/></p> <p>Print Name* <input type="text"/></p> <p>Date* <input type="text"/></p> | <p><b>Signatory 4</b></p> <p>Signature* <input type="text"/></p> <p>Print Name* <input type="text"/></p> <p>Date* <input type="text"/></p> |

**PART E: Individuals Identity Certification**

Please provide a copy of the following identification documentation (for each signatory, trustee, and beneficial owner (unregulated trusts only), if different to trustee) with your application for Membership:

- Medicare Card PLUS Drivers Licence^ OR Passport^

**For Minors (under 18 years of age):**

- Birth Certificate^ OR Passport^

^If not in English, an English translation is required by an accredited translator.

**NOTE:** If you don't have the above forms of identification, please contact us to discuss a suitable alternative.

## PART F: Direct Debit Request Service Agreement

### 1. DEBITING YOUR ACCOUNT

1.1 By signing the Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. We will not issue individual confirmations of payments made.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the previous or following business day. If you are unsure about which day your account has been or will be debited, please check with your financial institution.

### 2. CHANGES BY US

2.1 We may vary the terms of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice.

2.2 We reserve the right to:

- (a) cancel the Direct Debit Request if any debit is returned unpaid by your financial institution; and
- (b) refuse future Direct Debit Requests.

### 3. CHANGES BY YOU

3.1 Subject to clauses 3.2 and 3.3, you may defer a debit payment or change the arrangements under a Direct Debit Request by giving us 30 days notice in writing, signed by you, of the deferral or change.

3.2 If you wish to stop a debit payment you must notify us in writing at least 30 days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your Direct Debit Request at any time by giving us 30 days notice in writing before the next debit day. This notice should be given to us in the first instance.

### 4. CLEARANCE TIME

4.1 Direct Debit payments to your Gateway Bank account, on the requested payment date, are credited prior to Gateway actually receiving the funds from your other financial institution. Therefore this payment may not be accessed immediately. Please allow 3 full business days for your funds to be cleared.

### 5. YOUR OBLIGATIONS

5.1 It is your responsibility to ensure that there are sufficient clear funds available in your account on a debit day to allow a debit payment to be made in accordance with the Direct Debit Request.

5.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may be charged a dishonour fee (\$ at cost) to reimburse us for fees or charges we have incurred for the failed transaction. Refer Fees and Charges & Transaction Limits Brochure, available at [www.gatewaybank.com.au](http://www.gatewaybank.com.au); and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

5.3 We reserve the right to:

- (a) cancel the Direct Debit Request if any debit is returned unpaid by your financial institution; and
- (b) refuse future Direct Debit Requests.

5.4 You should check your account statement to verify that the amounts debited from your account are correct.

5.5 If Gateway Bank Ltd ABN 47 087 650 093 is liable to pay goods and services tax (GST) on a supply made by Gateway in connection with this agreement, then you agree to pay Gateway on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### 6. DISPUTE

6.1 If you believe that there has been an error in debiting your account, you should notify us directly. You should also confirm the details in writing with us as soon as possible so that we can resolve your query quickly.

6.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

6.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

6.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

### 7. ACCOUNTS

7.1 Please be aware that direct debiting may not be available on all accounts. You should check:

- (a) with your financial institution whether direct debiting is available from your account;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement from your financial institution; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

### 8. CONFIDENTIALITY

8.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. You may access any personal information we hold about you at any time by contacting us.

8.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement or if required by our sponsor in the direct debit system (including disclosing information in connection with any query, dispute or claim).

### 9. NOTICE

9.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Member Services, Gateway Bank Ltd., GPO Box 3176, Sydney NSW 2001.

9.2 We will give you notice by sending such notice in the ordinary post to the address you have given us in the Direct Debit Request.

9.3 Any notice will be deemed to have been received 3 business days after it is posted.

### 10. CUSTOMER OWNED BANKING CODE OF PRACTICE (COBCoP)

10.1 Each relevant provision of the COBCoP will apply to your Direct Debit Request.

**Please Note: You may obtain a further copy of these terms and conditions from [www.gatewaybank.com.au](http://www.gatewaybank.com.au) or call 1300 302 474**