



31 day notice period for early termination for your Term Deposit.

If you're opening a new term deposit or rolling over your existing term deposit **on or after 31 October 2014**, the following will apply.

- If you need to access the funds in your term deposit before the maturity date, you'll need to give us **at least 31 days' advance notice** (except in the case of hardship). If you have less than 31 days remaining on your current term, the earliest you'll be able to access your funds is at maturity (unless you are experiencing hardship).
- If you think at any point you'll need to withdraw or transfer the funds in your term deposit prior to the maturity date, other deposit products may be more suitable.
- At the maturity of your term deposit, if you've selected for your funds to roll over into a new term deposit, the new term deposit may have a lower interest rate.

For questions or if there's anything else you need, our Australia-based customer care specialists are here 24/7 on **133 464**.

Business Term Deposit application PART A



To open an ING Term Deposit for your business please: • use CAPITAL letters • mark boxes with an X where applicable • use black pen. Please read the Business Term Deposit Terms & Conditions, available at ing.com.au or by calling 133 464 and consider whether the product is appropriate for you before making any decision in relation to it. Please ensure you provide the appropriate supporting documentation to verify the business, linked bank account and each authorised user.



step 1. busines	s type						БІГОГ
apply for a Busir ısts or unincorpo	ness Term Deposit, pla trated associations.	ease tel	l us the type of business you o	pperate. Note: we are unal	ble to accept p	ublic compan	ies, bare or inforn
Sole Trader:	Partnership:	Co	mpany:	Trust (including DIY Supe	er):	Incorporate	ed Association:
PART A only	PART A + B		Pty Company - Sole Director	Company as Trustee - So	le Director	(including Non-	
PART A Only	PART A + B		PART A + C Pty Company - Multiple Directors	Company as Trustee - Mi	ultiple Directors	PARTATE	
			PART A + C	PART A + C + D			
				Individual(s) as Trustee(s)		
	ting ING business acc		the same entity name, you o	only need to complete Pai	r t A . For new IN	IG business c	ustomers, you ne
ep 2: Busines							
<u> </u>		queste	d below. If you are a new clier	t to ING, we also need to	verify your bus	iness. Refer t	o Appendix A for
			to certify copies of document eposit will be in the same nar				
			company, please use full com			iriy/trust/usst	ociation, including
me of sole trade	er/partnership/compo	any/trus	stee/association (if sole trader	or individual trustee: first	name, surnan	ne)	
	<u> </u>						
iding name or n	ame of trust (if applicat	ole)					
gistered busine	ss address (PO Box not o	accepted)					
it number	Street number		Street name				
burb					State		Postcode
buib					State		lostcode
siness mailing o	ıddress (if same as above	e, please n	nark this box with an 🗙 💮)				
nit number	Street number		Street name (or Po	O Box)			
burb					State		Postcode
3415					State		- OSECOGE
siness phone nu	ımber (for landline, please	e provide o	rea code)				
ısiness identifier							
		dentifie	r that is applicable to your bu		ole Trader: ABN is		
N (Australian Bu		acricine	ACN (Australian Company N	umber)	artnership: ABN is ompany: ACN is m	andatory -	
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					ndividual(s) as Tru ssociation: Registi		the Trust is optional s mandatoru
gistration numb	er		Registration number issued				
	. 12 15						
x section (op	otional) Please con	nplete 1	L of the following (providing this earned at the	s information is not compulsory highest marginal tax rate plus			deduct tax from inte
: File Number (TI	FN)		ABN	g. ese marginal cax rate plus	Exemp		
(OP		(if same o	s quoted	Inc	ome tax return
		OR		above, ple this box w	ease mark vith an X)		t required



	ustry typ ct an indust		andatory) pplicable.								
	Agricultu	re, For	estry and Fishin	ıg			Manufactur	ring			Sanitary Services
	Commun	icatio	ns				Mining				Transportation
	Construct	tion					Public Adm	inistra	tion		Wholesale Trade
	Electric a	nd Ga	S				Real Estate				Other
	Finance o	ınd Ins	surance				Retail Trade	!			
You v days	remaining I r new Te i	give I on yo r m D	NG 31 days' pri our term, the ea	rliest you ess Term D	can acces	mark	ır funds is at	t matu	ırity if hardship does not	the case c apply.	of hardship. If you have less than 31
	_ ning you		្ធ siness Term [Deposit	(option	al)		write	your own name:		
	Wages		Staff super	GS	ST		Savings		Investment		
Othe	2r										
Pleas	Open α n	e and ew Bu	terms and cond	litions cur	rent at th	e tim	e of opening	j. Pleas	se select one option only	ew Busine : (by marki	as Term Deposit will be subject to the ng the box with an ×).
			•	sit and ho	ave the fu	nds p	aid to the li	nked b	oank account, nominate	ed in Step	5.
Pleas If lini Note	se select ho king to an e :: The ING B	w you xterno usines	al bank account	, you can requires o	nominate minimur	e eithe n ope	er: (i) electro ning balanc	nic tro	as Optimiser, please non ansfer, (ii) business cheq 10,000. The combined to	ue or (iii) l	
(i)	Your open Term Depo for externo	ing de osit is o al ban	posit will be req opened (provide	uested from the designation we are the transfers signed.	om your li able to ve	inked erify y	bank accou our bank ac	nt on t count	unt, nominated in Step! the day your Business - refer Appendix A nt, the Direct Debit	\$	•
(ii)			eque - The ched neque must be r	nade pay					ount nominated in Step 5 r to ING .	\$	OR •
(iii)	By bank o	cheau	Ie – The cheque	OR must be	made pau	able t	o the full bu	ısiness	s name or to ING.		OR
. ,	You must also verify your external bank account - refer Appendix A.										



Step 5: Linked bank account details

You must link a Business Optimiser OR an external Australian business bank account (must be in the same name(s) as the business in **Step 2**) to your new Business Term Deposit. Please select one option only.

A. Business Optimiser Please nominate your Business Optimiser Account Number

Debit Authority

By nominating a Business Optimiser as the linked bank account, I/we authorise and request ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292 to transfer money from the Business Optimiser nominated above to my/our Business Term Deposit account as instructed by me/us or any other amounts as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/we understand that the arrangement is governed by the Business Term Deposit Terms and Conditions and the Business Optimiser Terms and Conditions.

If your linked account is a Business Optimiser then the authorised users on the new Business Term Deposit must be the same as the authorised users on the linked Business Optimiser. You do not need to provide the details of these authorised users as they will already be on our records.



OR

B. External bank account

If you wish ING to draw money from an external account for your opening deposit or transfer money between an external account and the ING Business Term Deposit, the Direct Debit Request below must be signed by the authorised signatories of the external bank account. We also need to verify your external bank account. Refer to Appendix A for the types of documents you can provide.

Note: No ING bank fees are payable but third party fees may be payable.

Name of bank		
Suburb of bank	BSB number (mandatory)	Account number (mandatory)
Name of bank account you wish to link to the Business Term Deposit (must	be in the same name(s) as the business in	Step 2)
	(, , , , , , , , , , , , , , , , , , ,	

Direct Debit Request

If you wish to draw money from your external bank account, this section must be signed. Direct debiting is not available on some accounts (if in doubt, please contact your financial institution).

I/We request and authorise ING, a business name of ING Bank (Australia) Limited ABN 24 000 893 292 (user I.D. 123079) to draw money from the external bank account nominated above, through the Bulk Electronic Clearing System, as instructed by any authorised user of the Business Term Deposit or any other amount as instructed or authorised to debit in accordance with the Business Term Deposit Terms and Conditions. I/We understand and acknowledge that this Direct Debit arrangement is governed by the Direct Debit Request Service Agreement and Business Term Deposit Terms and Conditions.

To authorise the drawing of money from the external bank account to the Business Term Deposit, the following authorised signatories of the external bank account are required to sign below:

- Sole trader or sole director company: only one authorised signatory.
- Partnership, company or association: a minimum of two authorised signatories.
- Trust: all authorised signatories/trustees.

External bank account signatory First name	Middle initial	External bank account signatory 2 First name	Middle initia
Surname / Family name		Surname / Family name	
Signature		Signature	
SIGN HERE	Date (DD/MM/YY)	SIGN HERE	Date (DD/MM/YY)
If more than two signatures are req	3.1	ark this box and attach a schedule of signatures	(a separate sheet of paper



Step 6: Authorised users

Authorised users are the people who are nominated to operate your Business Term Deposit.

If you are linking to your Business Optimiser, you must use the same authorised users that we have on record. You do not need to complete this section.



If you are linking to an external bank account, please provide the details of all the people you wish to nominate as authorised users.

A maximum of four persons can be nominated as authorised users to operate the Business Term Deposit. Two authorised users can complete their details below. If you have more than two authorised users, please refer to Appendix C.

For new authorised users (i.e. do not currently have an ING client number), we also need to verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Who must be an authorised user?

Sole Trader: The owner must be an authorised user.

Partnerships: A minimum of two partners must be authorised users.

Companies: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Company as Trustee: A minimum of two directors (except in the case of sole directorships) must be authorised users OR a director and company secretary.

Individual(s) as Trustee(s): All trustees must be authorised users. No other authorised users are permitted.

Association: A minimum of two office bearers (e.g. treasurer or company secretary) must be authorised users.

Helpful hint: Employees may be authorised users, except in the case of body corporate and trusts (where only trustees can be authorised users).

Authorised user 1			Authorised user 2
ING client number (if existing client)			ING client number (if existing client)
Mr Mrs Ms	Other		Mr Mrs Ms Other
First name		Middle initio	al First name Middle initia
Surname / Family name			Surname / Family name
Position (must be completed)			Position (must be completed)
	ipany /		Company /
Director Club Sec	cretary Partne	Treasurer	Director Club Secretary Partner Treasurer
Employee Chairpe	erson / Owne	r Trustee	Employee Chairperson / Owner Trustee
Personal residential addre	ess (must be completed. PC Street r		Personal residential address (must be completed. PO Box not accepted) Unit number Street number
Street name			Street name
Suburb			Suburb
State Postcode	2		State Postcode
Personal mailing address (Personal mailing address (if same as above, please mark this box with an X
Unit number	Street r	umber	Unit number Street number
Street name (or PO Box)			Street name (or PO Box)
Suburb			Suburb
State	Postcoo	e	State Postcode



Authorised user 1	Authorised user 2
Contact details (you must provide at least one phone number)	Contact details (you must provide at least one phone number)
Mobile phone number	Mobile phone number
Other phone number (for landline, please provide area code)	Other phone number (for landline, please provide area code)
Email	Email
Driver's Licence (if applicable)	Driver's Licence (if applicable)
Manufacture and the debate	Manual and a second and a decided
Mandatory security details Date of birth (DD/MM/YYYY)	Mandatory security details Date of birth (DD/MM/YYYY)
Nationality	Nationality
Mother's maiden name (mother's original surname / family name)	Mother's maiden name (mother's original surname / family name)
I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.	I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.
Signature	Signature
Date (DD/MM/YY)	Date (DD/MM/YY)
SIGN HERE	
Step 7: Primary Account contact (optional)	
	the day to day manifes of the Dusiness Town Deposit account
	to the business mailing address only). If you don't nominate an authorised
user all written correspondence will be marked to the attention of the Finar First name	ncial Controller. Surname / Family name

Step 8: Control and ownership

Excluding the people already named on this form — or others as outlined in Step 1 — are there any other individuals who own or have direct control of the business?

- Ownership (directly or indirectly) ultimately owns more than 25% of the business
- Control determines key financial/operating decisions about the business

Note for Trusts - include details of appointor/custodian/principal/protector/guardian (if applicable).

Yes No							
Person 1		Pei	son 2				
ING client number (if existing client)			client num isting client)	ber			
Mr Mrs Ms	Other	Mr	Mrs	Ms	Other		
First name Surname / Family name	M		name name / Fam	silu nama			Middle initial
surname / Family name		Suri	iame / Fam	ilig name			
Date of birth (DD/MM/YYYY)		Dat	e of birth (DI	D/MM/YYYY)			
			/				
Nationality		Nat	ionality				
Personal residential address (mu Unit number	st be completed, PO Box not accepted) Street number	Per:	s onal reside : number	ential address	(must be comp	oleted, PO Box not acc treet number	epted)
Street name		Stre	et name				
Suburb		Sub	urb				
State	Postcode	Stat	ie		P	ostcode	

Step 9: Declarations and application approval - by signing below

- I/We declare that all information provided in this Application Form and any supplements is true and correct
- I/We have received, read and agree to comply with the Business Term Deposit Terms and Conditions
- I/We agree to ensure that all authorised users also comply with the terms and conditions of the Business Term Deposit Terms and Conditions
- I/We acknowledge that:
- In the case of sole director company I am the sole director and sole secretary and have full power and authority to open and operate the Business Term Deposit
- In the case of partnerships/association I/We have full power and authority to bind the partnership/association and each of the partners/ members in accordance with its constituent documents or rules and I/we undertake to advise ING if the partnership/association is dissolved or terminated, or the members of the partnership change
- In the case of trusts I am/We are the only trustee(s) of the trust and I/we have full trust power and authority to open and operate the Business Term Deposit
- Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) has full power and authority to operate the Business Term Deposit
- Each person nominated as an authorised user in Step 6 and Appendix C (where applicable) (or those existing authorised users on the linked Business Optimiser) understands that personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.
- ING reserves the right to request evidence of authority to approve this Application and/or evidence that the business named as

- the account holder exists, is validly constituted and is capable of being bound by the Business Term Deposit Terms and Conditions.
- If I/we have provided, or have arranged for the provision of, information
 on this form about another person. I/we will ensure that they are aware
 that ING has collected their personal information and that personal
 information may be used, disclosed and held for the purposes set out
 in the Privacy Statement contained in the Business Term Deposit Terms
 and Conditions.

Who can approve and sign this Application?

Sole Trader: Owner of the business.

Partnerships: Minimum of two partners, one must be the managing partner (or general partner in the case of a limited partnership).

Company: Two directors OR a director and company secretary. For a sole director company must be a sole director/secretary.

Company as Trustee: Two directors OR a director and company secretary. For a sole director company must be a sole director/secretary.

Individual(s) as Trustee(s): All trustees (those approving the Application must also be authorised users).

Association: Minimum of three office bearers e.g. treasurer/chairman/secretary (or equivalent officer) to sign in accordance with rules governing the association (a minimum of two of those approving the Application must also be authorised users).

Helpful hint: When filling in your position below, please choose from the following options – Chairperson, Company or Club Secretary, Director, Employee, Owner, Partner, President, Treasurer, Trustee.

Business signatory 1		Business signatory 2	
First name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
Signature		Signature	
Signature	Date (DD/MM/YY)	Signature	Date (DD/MM/YY)
SIGN HERE		SIGN HERE	
Position	, ,	Position	
Business signatory 3		Business signatory 4	
First name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
Signature		Signature	
	Date (DD/MM/YY)		Date (DD/MM/YY)
SIGN HERE		SIGN HERE	
Position		Position	
POSITION		POSICION	
IMPORTANT: Please complete the relevan	nt additional Part(s) as outlined i	n Step 1 as required. If linking to a Business	Optimiser you are not
required to complete Appendices A, B ar	nd C (over page).		
Adviser use only - Company name	Adviser name		
<u> </u>		Adviser no	umber

ING

Adviser - Please provide a copy of the records identifying your client's business, authorised users, additional parties and the external bank account

(if applicable). Go to Appendix B.

Step 10: What to do when you have completed this form

When you have completed and signed the application form, please send it with your supporting documents to us at:

ING

Reply Paid 3858

Sydney NSW 2001 (no stamp required)

Appendix A: Supporting documents

Note: If the linked bank account is a Business Optimiser you are not required to complete this section.

As part of the application process, the linked bank account, business and personal identities of the authorised users must be verified. You must select supporting documentation from the lists below and provide original or certified copies as directed.

(i) Supporting documents (please note that documents will not be returned)

Linked bank account:

Please provide **one** of the following:

- A business cheque drawn on the external bank account; or
- An original encoded deposit slip for the external bank account; or
- A copy of a bank statement (less than 6 months old) for the external bank account

The supporting document must show the business name, BSB and account number of the external bank account. If providing a copy of a bank statement, the address must also be shown.

Business:

If you have an existing ING business account in the same entity name, we already have your business verified (go to authorised users).

If you are opening an account for the first time in the business name, you must provide a certified copy of **one** of the following:

- · Certificate of Registration; or
- Tax File Number (TFN) advice; or (if you choose to provide one of the following documents, it must be issued within the last 2 years)
- Australian Tax Office Tax Assessment Notice; or
- Australian Tax Office Notice of Refund; or
- Business Activity Statement; or
- · Instalment Activity Statement; or
- Annual or quarterly PAYG Instalment Notice

If you are opening an account for a trust, you will need to provide a certified copy of an extract of the Trust Deed Schedule. The extract should include the page which shows:

- The trust name
- Name(s) of trustee(s)
- Date of execution
- Name(s) of beneficiary
- Name(s) of settlor
- Details of appointor/custodian/principal/ protector/guardian (if any)

If you are opening an account for a partnership you will need to provide:

Certified copy of an extract of the Partnership Agreement, showing the names of the partners.

If you are opening an account for an incorporated association you will need to provide:

Certified copy of the Articles of Association or the rules governing the association.

Authorised users and Additional parties:

An authorised user does not need to provide an identification document if they are an existing ING customer.

All authorised users and additional parties (listed in Part A, B, C or E) who are new ING customers (i.e. do not currently have an ING client number) must provide a certified copy of one of the following photo identification documents:

- Australian Driver's Licence (must be current, shows current residential address and photograph); or
- Australian Passport (either a current passport or a passport that expired within the last 2 years); or
- International Passport (must be issued by a foreign Government, the UN or related agency and must be accompanied by an official Government translation if not in English); or
- Proof of Age Card (must be current, shows current residential address and photograph)

Or, if you do not have one of the above photo identification documents, please provide a certified copy of one of the following identification documents:

- Birth Certificate or Birth Extract (issued by a State or Territory in Australia); or
- Pension Card (must be current and issued by Centrelink entitling financial benefits)

AND a certified copy of one of the following documents:

- Australian Tax Office Tax Assessment Notice (issued in the last 12 months and shows current residential address); or
- Utility Bill (gas/electricity/phone/water) or council rates notice (less than 3 months old)

THE IDENTIFICATION DOCUMENT MUST DISPLAY YOUR FULL NAME.

(ii) How to certify a document

Select a Certifier

Take the original and copy of your identification document to a document certifier from the list below.

- · A Justice of the Peace
- A Bank Officer
- An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants
- · A Solicitor or Barrister
- A Police Officer
- An agent in charge of, or a permanent employee of an Australia Post

Note: This is not the complete list of ING acceptable document certifiers. The complete list is available on ing.com.au in the FAQ section. An acceptable document certifier is not able to certify their own documents or documents on behalf of their immediate family.

Document Certifier to complete

To certify the copy of the identification document to be a true copy of the original document, on the copied document complete the following:

- 1. Write these words: "I hereby certify this document is a true copy of the original document shown to me on [date]"
- 2. Sign the copy document
- 3. Provide Name and Certifier Classification. For example; John Smith, Accountant
- 4. Provide a work or residential address
- 5. Provide a contact number (this may be your work or residential landline or mobile number).

If ING has any questions regarding this verification, we may contact the document certifier about these details.



Appendix B (this section applies to Financial Advisers)

Note: If the linked bank account is a Business Optimiser you are not required to complete this section.

Otherwise you need to provide a copy of the following (if not previously supplied to ING):

- A copy of the record from which the business was verified (eg. a copy of the ASIC web search for a company)
- A copy of the record from which each authorised user's and additional party's identity was verified AND
- A copy of the document used to verify the external bank account.

For new authorised users, we need to obtain their details and verify their identity. Refer to Appendix A for the types of documents you can provide and how to certify copies of documents.

Authorised user 3	Authorised user 4
ING client number (if existing client)	ING client number (if existing client)
(ii existing client)	(ii existing client)
Mr Mrs Ms Other	Mr Mrs Ms Other
First name Middle initial	First name Middle initial
The finance of the fi	That I made in the
Surname / Family name	Surname / Family name
Position (must be completed)	Position (must be completed)
Company /	Company /
Chairperson /	Chairparson /
Employee President Owner Trustee	Employee President Owner Trustee
Personal residential address (must be completed, PO Box not accepted)	Personal residential address (must be completed, PO Box not accepted)
Unit number Street number	Unit number Street number
Street name	Street name
Suburb	Suburb
	Subdib
State	State Postcode
Decree of coefficient address on	Description of the same
Personal mailing address (if same as above, please mark this box with an X Unit number Street number	Personal mailing address (if same as above, please mark this box with an X Unit number Street number
Street name (or PO Box)	Street name (or PO Box)
Suburb	Suburb
State Postcode	State Postcode
State	State
Contact details (you must provide at least one phone number)	Contact details (you must provide at least one phone number)
Mobile phone number	Mobile phone number
Other phone number (for landline, please provide area code)	Other phone number (for landline, please provide area code)
Email (optional)	Email (optional)
Driver's Licence (if applicable)	Driver's Licence (if applicable)

Authorised user 4
Mandatory security details Date of birth (DD/MM/YYYY)
Nationality
Mother's maiden name (mother's original surname / family name)
I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement contained in the Business Term Deposit Terms and Conditions.
Signature Date (DD/MM/YY)
SIGN HERE

Business Account application PART D—Trusts



About this form:

This is the Part D in the sign up process for Business Optimiser and/or Business Term Deposit accounts.

No need to complete this if you have an ING account in the same entity name – the Part A form will suffice.

Please: • use CAPITAL LETTERS • use black pen • mark boxes with an X.



Step 1: Business details		BTPDF
Name of trust		
Settlor of trust (person establishing the trust/fund)		
First name	Surname / Family name	
Country in which the trust was established, if not in Australia		
Step 2: Trust type		
Please specify your trust type.		
rieuse specing gour trust type.		
DIY Super OR Other:		
(e.g. Unit trust, Family trust, Dis	scretionary trust)	
Step 3: Trust beneficiary details		-
Please provide details of all beneficiaries of the trust.		
Beneficiary 1	Beneficiary 2	
ING client number (if existing client)	ING client number (if existing client)	
First name Middl	lle initial First name	Middle initial
Surname / Family name	Surname / Family name	
Date of birth (DD/MM/YY)	Date of birth (DD/MM/YY)	
Nationality	Nationality	
OR Name of company/partnership/association/trust	OR Name of company/partnership/association/trust	
Tanco or company paraneous impressoration, a acc	Тапто в сотпратурального приводения и дост	

Beneficiary 3		Beneficiary 4	
NG client number if existing client)		ING client number (if existing client)	
irst name	Middle initial	First name	Middle initial
Sum and a / Famellu a and a		Surraya / Faraily a res	
Surname / Family name		Surname / Family name	
Orto of high (DOULING)		Date of birth (DD/MM/YY)	
Date of birth (DD/MM/YY)		J J	
Nationality		Nationality	
DR		OR	
Name of company/partnership/association/trust		Name of company/partnership/association/trus	t
Beneficiary 5		Beneficiary 6	
NG client number if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initial
Surnamo / Familu namo		Surname / Family name	
Surname / Family name		Surname / Family hame	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
Nationality		Nationality	
		- Tallet and a second a second and a second	
DR Name of company/partnership/association/trust		OR Name of company/partnership/association/trus	t
1 31 1		1 31 1	
Danafialaw. 7		Donafiairus O	
Beneficiary 7		Beneficiary 8 ING client number	
NG client number if existing client)		(if existing client)	
irst name	Middle initial	First name	Middle initial
Surname / Family name		Surname / Family name	
ourname / running name		Surname / ruming nume	
Date of birth (DD/MM/YY)		Date of birth (DD/MM/YY)	
/Nationality		Nationality	
20		O.D.	
DR Name of company/partnership/association/trust		OR Name of company/partnership/association/trus	t

Beneficiary 9		Beneficiary 10	
ING client number (if existing client)		ING client number (if existing client)	
First name	Middle initial	First name	Middle initia
Surname / Family name		Surname / Family name	
Date of birth (DD/MM/YY) / / Nationality		Date of birth (DD/MM/YY) Nationality	
OR Name of company/partnership/association/trust		OR Name of company/partnership/association/trust	

Additional identification requirements



Part 1: Organisation residence address				
Please tick this box if the entity's residential address (principal place of business) is the same as the registered address (please proceed to Part 2)				
If the entity's residential address is different from	the registration address, please complete the follo	owing:		
Residential address (principal place of bus	iness)			
Street address				
Suburb				
State Country	Postal code			
Part 2: Customer type				
Discourse and the state of the fall and the state of	and the late at the control			
Please select one or more of the following that is	applicable to the entity:			
Self Managed Super Fund (SMSF)	Private Company	Sole Proprietorship		
Trust	Non-Profit Organisation	Partnership		
Fund as customer	100% Owned by Listed Company	Financial Institution		
Part 3: For Trusts only				
Existence of Trust				
Is the trust currently in existence?				
Yes, the Trust is still in existence and I will inform ING immediately in case of any changes				
No, the Trust is no longer in existence				

Entity foreign tax residency self-certification form



About this form

Commercial and business customers must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for businesses, trusts, charitable institutions, government entities, not for profits and partnerships only - no sole traders or individuals.

Please return to:

customer.resolutions@ing.com.au

Why this form must be completed

Australia has enacted laws committing to global standards on the automatic exchange of financial account information - commonly known as the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Under these laws, financial institutions must identify where an account holder is a resident for tax purposes, and report information about financial accounts of foreign tax residents to the Australian Taxation Office (ATO). Tax authorities in participating countries may then exchange this information with each other.

The purpose of the standards is to give participating nations transparency about the financial assets that their residents hold offshore..

If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

Where to find more information

- Visit the ATO website ato.gov.au/crs
- · Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary ing.com.au

If you're an individual

If you're a controlling person of an entity, personal banking customer, guarantor or sole trader, please provide your tax residency information using the form for individuals available at inq.com.au > Individual foreign tax residency self-certification form.

Complete online instead - if you have secure banking access, you can complete self-certification when you log in at ing.com.au and go to My Profile > Foreign Tax Details.

Part 1: Identifica	ation of account holder				
	,			n or after 1 July 2017 and there ho	ave been no
General informat	ion				
If the entity is new t	to ING or you need to provide a ne	w self-certification, ple	ase complete the fol	lowing:	
Legal name of entit	у				
Country of incorpore	ation of organisation				
Does the entity only	y operate in Australia? Yes	No If no, ple	ase list the countries	that the entity also operates in	
Registered addre	SS		Mailing address	(if different from residential addre:	ss)
Street address			Street address (or F	PO Box)	
Suburb			Suburb		
State	Country	Postal code	State	Country	Postal code



Industry classification

Australian & New Zealand Standard Industrial Classification (ANZSIC)

Please provide the ANZSIC Class code most applicable to the entity, as published by the Australian Bureau of Statistics. The ANZSIC Class code and name for popular industries are provided in the table below. To search through the full list of ANZSIC Class codes available, visit www.abs.gov.au and select Statistics > Classifications > ANZSIC - Industry Classifications > Search ANZSIC. Further information is also available on our website under the ANZSIC FAQs at ing.com.au

Class (4 digit code) Name						
Popular Industries ANZSIC Class Name		lass Code	ANIZCIC	Class Name		Class Code
Superannuation Funds	C	6330		ter System Design a	nd Related Services	7000
Financial Asset Investing		6240		s Services	na Neiatea Services	9540
Other Social Assistance Services		8790			c and Technical Service	
Accounting Services		6932		onstruction Services		3299
Management Advice and Related Consultin	g Services	6962	Residen	tial Property Operat	ors	6711
Other Health Care Services n.e.c.		8599			gineering Consulting Se	rvices 6923
Other Interest Group Services n.e.c.		9559	Non-Re	sidential Property O	perators	6712
If applicable, please select any of the belo	ow industries that th	ne entity ope	rates in:			
Armament services	Remitte	ance			Registered online gar	nbling
Unlicensed gambling	Pornog	raphic activit	ies		Non-profit organisati	ions
Non-regulated/unlicensed financial se	rvices Weapo	ns			Thermal coal-fired po	ower plants
Mountain top removal mining	Shell or	r corresponde	ent banks		_	
Standard Economic Sector Classifications	of Australia (SESCA)				
Please select the SESCA classification most	-		a one of t	he available ontions	helow Ontions may ve	aru depending on the
business type. Further information is availa					below. options mag w	and debending on the
3.						
SESCA	Company	Compa	ny as	Individuals as	Partnerships	Incorporated
	Company	Trust	tee	Trustee	ruitileisilips	Association
Community service organisations						
Private non-financial corporations						
Private unincorporated businesses						
Self Managed Superannuation Fund						
Other Superannuation Fund						
Special Purpose Vehicle						
Source of funds (please select one main	source of funds)					
Dividends or income from business	Insura	nce/Settleme	ent procee	eds	Sale of property or in	nvestments
Donation/Gift	Invest	ment income		Ot	— her (please specify)	
Doriddon/ dire	IIIVCSCI	THETH HICOTHE			rier (pieuse speerig)	
Grant/Subsidy	Royalt	ies				
Non-reportable entities (please select If you select (a) or (b) proceed to Part 5.	one of the following	options)				
(a) The entity is an Australian Superar	nnuation Fund (which	n includes SM	SFs) (plea	se proceed to Part !	5)	
(b) The entity: (please proceed to Par	t 5)		-			
	,					
1. Is incorporated in Australia; and						
2. Has a registered address in Aust						
3. Is not a Financial Institution, List	ed Corporation or Go	overnment En	itity; and			
Less than 50% of the entity's gro produced passive income for the		sive income (e	e.g. divider	nds, interests and ro	yalties) and less than 5	50% of assets held
(c) None of the above (please proceed	-					

Part 2: Specified U.S. Person under FATCA
Please select one of the following options:
(a) The entity is a specified U.S. Person (please proceed to Part 4)
(b) The entity is a non-specified U.S. Person (please proceed to Part 4)
(c) None of the above (please proceed to Part 3)
Part 3: Entity's classification under FATCA
Your entity's FATCA classification may differ from its CRS classification in Part 4.
1. If the entity is a financial institution—please select its classification and provide the entity's Global Intermediary Identification Number (GIIN):
(a) U.S. Financial Institution or a Partner Jurisdiction Financial Institution
(b) Registered Deemed Compliant Foreign Financial Institution
(c) Participating Foreign Financial Institution
Entity's GIIN:
2. If the entity is a financial institution but unable to provide a GIIN—please select one of the following:
(a) Exempt Beneficial Owner
(b) Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)
(c) Non-Participating Foreign Financial Institution
(d) Owner Documented Foreign Financial Institution (Non-US Owned)
(e) Owner Documented Foreign Financial Institution (US Owned)
3. If the entity is not a financial institution—please select its classification:
(a) Active Non-Financial Foreign Entity
(b) Passive Non-Financial Foreign Entity (Non-US Owned)
(c) Passive Non-Financial Foreign Entity (US Owned)
(d) Excepted Non-Financial Foreign Entity
Part 4: Entity type under CRS
Your entity's CRS classification may differ from its FATCA classification in Part 3. Please select the appropriate CRS classification for your entity.
(a) Financial Institution – Investment Entity
i. A professionally managed investment entity located in a Non-Participating Jurisdiction
ii. Other Investment Entity
(b) Depositary, Custodial or Specified Insurance Company Financial Institution
(c) Listed Corporation
i. Please provide the name of the established securities market on which the corporation is regularly traded:
ii. If you are a Related Entity of a regularly traded corporation, please provide their name:
(d) Governmental Entity
(e) International Organisation
(f) Central Bank
(g) Active Non-Financial Entity
(h) Passive Non-Financial Entity

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п	locut E.	Comtro	lling Person	
	/ O I A 100 TO		IIIII Person	

A Controlling Person means any natural person(s) who directly or indirectly exercises control over an entity. For a company, this includes any beneficial owners in the company. For a Trust, this includes Trustees, Settlors and Beneficiaries. For a Partnership this includes all partners. For Charities and for Unincorporated/Incorporated Organisations; this includes Chairman, Secretary, Treasurer or equivalent.

Please provide the name and contact details for each of the entity's Controlling Person(s) in the table below. If not relevant to you, be sure to note 'Not applicable' - e.g. Controlling Person(s) may not apply to Listed Corporations and Government Entities.

Note: Complete and attach an individual foreign tax residency self-certification form for each Controlling Person—available for download at ing.com.au.

				Client number
Given name	Middle name	Surname	Phone number	(if existing ING customer)
	_			
Part 6: Country of foreign tax	x residence and relat	ed Taxpayer Identificatio	n Number ("TIN")	
Is Australia the sole tax residence	of the entity?	es No		
If you answered No above, please	complete the table belo	w indicating:		
 each country of tax resider 	ncy for the account hold	ler (other than Australia)		
 the account holder's TIN or 	-			
- the account holder's find of	equivalent for each col	antig/junsaiction indicated.		
Country TIN				

 $\textbf{Note:} \ \textbf{A TIN} \ \textbf{is always required (unless in the rare case the country does not issue TINs)}.$

Part 7: For Trusts only				
Do you know any additional information (ap	part from full name) for the Set	tlor of the trust?	Yes	No
If you answered Yes to the above please list				
Classes of Beneficiaries	and dominouning religion in railed	and complete an in	arriadar rororgir ro	
Are any of the beneficiaries who received a cin the last year, or beneficiaries who are other				
If you answered Yes to the above please list	the Controlling Person(s) in Par	t 5 and complete an	Individual Foreign	Tax Residency Self-Certification Form.
Part 8: Declarations				
I understand that the information supplied b ING. This includes the relevant product term and disclose the information supplied by me	s and conditions and our Privac			
I confirm that I am authorised to provide this	s Self-Certification on behalf of	the entity identified	in Part 1 of this fo	rm.
I confirm that where I have provided informathat I will, within 30 days of signing this form		any other person (su	ıch as a Controlling	g Person or other Reportable Person)
 I have provided the information to ING, 	and			
 the information may be provided to the may be tax resident pursuant to intergo 				ntry or countries in which the person
I declare that all the statements made and i	nformation provided in this for	m are, to the best of	my knowledge ar	nd belief, correct and complete.
I undertake to advise ING within 30 days of of this form or causes the information provide				
Full name		Full name		
Signature	ate (DD/MM/YYYY)	Signature		Date (DD/MM/YYYY)
	, , ,			
Note: If you aren't an authorised user for the under authority, please also attach supporti		art 1, please indicate	the capacity in wh	nich you're signing the form. If signing
Capacity		Capacity		
Mobile phone		Mobile phone		
Email		Email		

Individual foreign tax residency self-certification form



About this form

Individuals banking with us must complete this form to ensure we hold accurate and current information about your foreign tax residency. This form is for personal banking customers, sole traders, guarantors and controlling persons of an entity.

Please return to:

customer.resolutions@ing.com.au

Why this form must be completed

Australia has enacted laws committing to global standards on the automatic exchange of financial account information - commonly known as the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Under these laws, financial institutions must identify where an account holder is a resident for tax purposes, and report information about financial accounts of foreign tax residents to the Australian Taxation Office (ATO). Tax authorities in participating countries may then exchange this information with each other.

The purpose of the standards is to give participating nations transparency about the financial assets that their residents hold offshore.

If we don't receive your form

As we're bound by legislation, we may be required to treat you as a tax resident in a country outside of Australia (even if you aren't) and report the relevant details to the ATO. If you intend to open a new account, we won't be able to do this for you.

Where to find more information

- Visit the ATO website—ato.gov.au/crs
- Speak with a professional tax adviser
- See the CRS and FATCA FAQs and glossary—ing.com.au

If you're an entity

If self-certifying on behalf of an entity (which includes businesses, trusts and partnerships), please provide your foreign tax residency information using the form for entity's available at ing.com.au > Entity foreign tax residency self-certification form.

Complete online instead—if you have secure banking access, you can complete self-certification when you log in at ing.com.au and go to My Profile > Foreign Tax Details.

Part 1: Identification of individual			
Your ING client number: Please tick this box if you've already completed a foreign tax residency details (please proceed to F General information	Part 3).	•	e been no changes to your
If you are new to ING or you need to provide a new self	-certification, please complete the fo	ollowing:	
	Residential	address	
Given name	Street addres	SS	
Family name	Suburb		
Middle name(s)	State	Country	Postal code
Thate Harrie(3)			
Date of birth (DD/MM/YYYY)			
	Postal addr	'ess (if different from above)	
	Street addres	ss (or PO Box)	
Place of birth			
Town or city of birth	Suburb		
-			
Country of birth	State	Country	Postal code
Country or birti	Sittle	Country	r ostat code



Source of wealth and funds

Please select your main source of wealth (i.e. assets and property) and funds from the table below (select only one from each column):

	Source of wealth So	urce of funds
Salary/Wages		
Dividends or income from business		
Divorce settlement		
Family trust/Inheritance		
Donation/Gift		
Grant/Subsidy		
Insurance/Settlement proceeds		
Investment income		
Lottery/Gambling		
Pension/Social benefits payment(s)		
Royalties		
Sale of property or investments		
Spouse/Partner		
Other (please specify)		
Australian & New Zealand Standard Industrial Classification (ANZSIC) – only required to be cor If you are a sole trader, please provide the ANZSIC Class code most applicable to your business, a ANZSIC Class code and name for popular industries are provided in the table below. To search thrwww.abs.gov.au and select Statistics > Classifications > ANZSIC – Industry Classifications > Search website under the ANZSIC FAQs at ing.com.au Class (4 digit code) Name	s published by the Australian Bureau o ough the full list of ANZSIC Class codes	available, visit
Popular Industries		
ANZSIC Class Name Other Social Assistance Services Accounting Services Accounting Services Management Advice and Related Consulting Services Other Health Care Services n.e.c. Other Interest Group Services n.e.c. Class Code ANZSIC Class Nam Residential Proper 6932 Engineering Desig Sports and Physica Legal Services Adult, Community	ty Operators n and Engineering Consulting Services al Recreation Instruction g and Other Education n.e.c. usicians, Writers and Performers	Class Code 6711 6923 8211 6931 8219 9002 3232 3231
If applicable, please select any of the below industries that the entity operates in:		
Armament services Remittance	Registered online gambling	
Unlicensed gambling Pornographic activities	Non-profit organisations	
Non-regulated/unlicensed financial services Weapons	Thermal coal-fired power pl	ants

Shell or correspondent banks

Mountain top removal mining

Is Australia your sole country of tax residence? In general, your tax residence is the country/jurisdiction in which you live, however in some special cases, you can be a tax resident of more than one country. Yes No	Are you a U.S. Person for tax purposes? A U.S. Person generally includes a citizen or resident of the United States of America. Yes No
Part 2: Country of foreign tax residence and related Taxpayer lo	dentification Number ("TIN")
You'll need to complete this part if Australia is not your sole country of tax r	esidence or you are a US Person for tax purposes. Otherwise, proceed to Part 3.
Please complete the table below indicating: each country of tax residency for the account holder (other than Austrathe account holder's TIN or equivalent, such as your Social Security Num	
Country TIN Note: A TIN is always required (unless in the rare case the country does not	issue TINs).
Part 3: Declarations	
	able Terms and Conditions governing the account holder's relationship with cy Policy (available at ing.com.au) which sets out how ING may collect, use
	any other person (such as a Controlling Person) that I will, within 30 days of
I have provided the information to ING, and	
 the information may be provided to the ATO and later disclosed by the may be tax resident pursuant to intergovernmental agreements to exch 	e ATO to tax authorities of another country or countries in which the person nange financial account information.
I declare that all the statements made and information provided in this fo	rm are, to the best of my knowledge and belief, correct and complete.
I undertake to advise ING within 30 days of any change in circumstances in Part 1 of this form or causes the information provided in this form to be self-certification.	
Full name	
Signature Date (DD/MM/YYYY)	
Note: If you aren't the individual specified in Part 1 or you are completing which you're signing the form (including the name of the entity). If signing Capacity	this form for a Controlling Person of an entity, please indicate the capacity in gunder authority, please also attach supporting information. Mobile phone
Email	