



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 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.



tep 1. busines	s type						טורטו
apply for a Busir ests or unincorpo	ness Term Deposit, pla rated associations.	ease tell	us the type of business you o	operate. Note: we are	unable to accep	t public com	panies, bare or inform
ole Trader:	Partnership:	Coi	mpany:	Trust (including DIY	Super):	Incorpo	orated Association:
PART A only	PART A + B		Pty Company - Sole Director PART A + C	Company as Truste	ee - Sole Director		g Non-Profit) T A + E
			Pty Company - Multiple Directors PART A + C	Company as Truste	ee - Multiple Director	S	
				Individual(s) as True	stee(s)		
	ting ING business acc		the same entity name, you coutlined above.	only need to complet	e Part A . For nev	v ING busine	ss customers, you ne
ep 2: Busines	s details						
es of document pful hint: The n ding name/nam	s you can provide an ame of the Business e of trust (if applicab	d how t Term De le). If a	I below. If you are a new clien to certify copies of document eposit will be in the same nar company, please use full com tee/association (if sole trader	s (you must supply th ne as the sole trader/ npany name as regist	nese documents /partnership/com ered by ASIC.	with your a npany/trust/	pplication).
ne of sole trade	er/partnership/compo	iny/trus	tee/association (if sole trader	or individual trustee	: first name, surr	name)	
business name	/trading name and c	r name	of trust (if applicable)				
nistarad husina	ss address (PO Box not c	accontod)					
t number	Street number	іссеріец)	Street name				
ourb					Stat	0	Postcode
uib							Tostcode
iness mailing a	ddress (if same as above	, please m	nark this box with an X				
t number	Street number		Street name (or PC	O Box)			
urb					Stat	e	Postcode
iness phone nu	imber (for landline, please	provide a	rea code)				
siness identifier							
ase complete th	e relevant business i	dentifie	r that is applicable to your bu	siness.	Sole Trader: ABI Partnership: AB		
N (Australian Bu	siness Number)		ACN (Australian Company No	umber)	Company: ACN		ABN is optional he Trustee is mandatory,
					ABN of the Trus	t is optional	N of the Trust is optional
gistration numbe	or.		Pagistration number issued	DIL (o a ASIC NISW Deep 5 :	Association: Re		ber is mandatory
jisti uulUIT HUITID!	ਹ ।		Registration number issued I	og (e.g. Asic, NSW Dept Fair	maamg)		
x section (or	otional) Please com	plete 1	. of the following (providing this	s information is not comp	ulsory, however. if no	ot supplied. we	may deduct tax from inter
-		r 1	earned at the	highest marginal tax rate			ag analog can nom mich
File Number (Ti	FN)		ABN	ne.		mption:	
		OR			same as quoted ove, please mark	OR	Income tax return



	ustry type (mandatory) ct an industry, if applicable.		1						
	Agriculture, Forestry and Fishing		Manufacturin			Sanitary Services			
	Communications		Mining				Transportation		
	Construction		Public Admini	stration			Wholesale Trade		
	Electric and Gas		Real Estate				Other		
	Finance and Insurance		Retail Trade						
Imp You days You	p 3: Your Business Term Deposit details cortant information will need to give ING 31 days' prior notice to acc a remaining on your term, the earliest you can a r new Term Deposit se select the term of your Business Term Deposit	ccess you	ur funds is at m	naturity if hardship d			hardship. If you have less than 31		
	90 days 180 days 1 year		2 years						
	ning your Business Term Deposit (opt can give your Business Term Deposit a name. Ple		k one (×) or w	rite your own name:					
	Wages Staff super GST		Savings	Investment					
Othe	er								
Pleas	On Maturity Please specify what you would like to do with the funds in your Business Term Deposit at maturity. Any new Business Term Deposit will be subject to the ING interest rate and terms and conditions current at the time of opening. Please select one option only (by marking the box with an ×). Open a new Business Term Deposit of the same term Open a new Business Term Deposit of a different term (please select one term only)								
	90 days 180 days Close my Business Term Deposit and have th	1 year e funds p	2 years		ominated in S	tep 5			
Ste	p 4: Your opening deposit								
If lin Not e	se select how you wish to make your opening de king to an external bank account, you can nomi e: The ING Business Term Deposit requires a mini e same account holder's name should not excee	nate eithe mum ope	er: (i) electroni ening balance d	c transfer, (ii) busine	ss cheque or	(iii) bo	ank cheque.		
(i)	(i) By electronic transfer – Transfer the deposit from the linked bank account, nominated in Step 5. Your opening deposit will be requested from your linked bank account on the day your Business Term Deposit is opened (provided we are able to verify your bank account - refer Appendix A for external bank accounts). If the transfer is from an external bank account, the Direct Debit Request in Step 5 must also be signed. OR								
(ii)	By business cheque – The cheque must be dra Your business cheque must be made payable t OR				step 5.		• OR		
(iii)	By bank cheque – The cheque must be made You must also verify your external bank accour			ness name or to ING.	\$		•		



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.

Go to Step 7

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 l	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 First name	y 2 Middle initial
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		ark this box and attach a schedule of signati	ures (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 Other	Mr Mrs Ms Other
First name Middle initial	First name Middle initial
Surname / Family name	Surname / Family name
Position (must be completed)	Position (must be completed)
Company /	Company /
Director Club Secretary Partner Treasurer	Director Club Secretary Partner Treasurer
Employee Chairperson / President Owner Trustee	Employee Chairperson / President Owner Trustee
Personal residential address (must be completed. PO Box not accepted) Unit number Street number	Personal residential address (must be completed. PO Box not accepted) Unit number Street number
Street Hamber	Street idinaci
Street name	Street name
Suburb	Suburb
State Postcode	State Postcode
Personal mailing address (if same as above, please mark this box with an X)	Personal mailing address (if same as above, please mark this box with an X)
Unit number Street number	Unit number Street number
Street name (or PO Box)	Street name (or PO Box)
Suburb	Suburb
State Postcode	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)
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	I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy
contained in the Business Term Deposit Terms and Conditions.	Statement contained in the Business Term Deposit Terms and Conditions.
Signature	Signature
SIGNHERE Date (DD/MM/YY)	Date (DD/MM/YY)
Chan 7. Duine www. Account contract (aution all)	
Step 7: Primary Account contact (optional)	
You can nominate one of your authorised users as the primary contact for	
All correspondence will be marked to the attention of this person (and sent user all written correspondence will be marked to the attention of the Finar	to the business mailing address only). If you don't nominate an authorised
First name	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	Person 2						
ING client number (if existing client)	ING client number (if existing client)						
Mr Mrs Ms Other	Mr Mrs Ms Other						
First name Middle initial	First name Middle initial						
Surname / Family name	Surname / Family name						
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY)						
Nationality	Nationality						
Personal residential address (must be completed, PO Box not accepted) Unit number Street number	Personal residential address (must be completed, PO Box not accepted) Unit number Street number						
Street name	Street name						
Suburb	Suburb						
State Postcode	State Postcode						



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 First name	Middle initial	Business signatory 2 First name	Middle initial
Surname / Family name		Surname / Family name	
Signature SIGNHERE Position	Date (DD/MM/YY)	Signature SIGNHERE Position	ate (DD/MM/YY)
Business signatory 3 First name Surname / Family name	Middle initial	Business signatory 4 First name Surname / Family name	Middle initial
Signature SIGNHERE Position	Date (DD/MM/YY)	Signature SIGNHERE Position	ate (DD/MM/YY)
IMPORTANT: Please complete the relevant of required to complete Appendices A, B and C Adviser use only - Company name	idditional Part(s) as outlined in (over page). Adviser name	n Step 1 as required. If linking to a Business Option	



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 12 months)
- · 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:

 Certified copy of a full Trust Deed and if applicable, a certified copy of any variation deed/s

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

 Certified full copy 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
- Certified copy of most recent Annual General Meeting (AGM) minutes of 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 current and issued by a foreign Government, the UN or related agency and must be accompanied by a certified official accredited 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. Initials are not acceptable.

(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 outlet

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, documents on behalf of their immediate family or any associated parties. e.g. relatives, de-facto or one director certifying another director from the same companies document.

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]"
 - If document has multiple pages, certifier needs to clearly state they are certifying the entire document on the first page and initial all other pages
- 2. Sign the copy document
- Provide Name, Certifier Classification and Registration/badge number (If applicable). 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.

Authorised user 3 ING client number (if existing client)			DIGITI LITE	eir det	JIIS UI IU	verilg ti	neir identity. Re	erer to Ap	Authorised user 4 ING client number (if existing client)					i provid	ue and now t	.o ceruit	y copies c		cumen			
[[Ī.						
Mr	Mrs		Ms		Other				المالمالمالما	- i+i - i	Mr _	Mrs		M	S	0	ther			NA:-	ـ الدل	:-:4:-1
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Positio	n (must be	e comple	ted)								Positio	n (must be	com	pletec)							
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Unit n	nal mailir umber name (or			(if same	as above	e, plea: Stre	se mark t et nun	this box nber	with an X])	Unit nu	al mailir mber name (or			SS (if so	ame as	above	, please mark Street nur		with an 🕽	<)
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Other	phone ni	umber	(for lar	ndline, p	lease pro	ovide a	rea code)			Other p	hone nu	ımb	er (fo	r landlir	ne, plec	ise prov	vide area code	e)			
Email	(optional)										Email (d	optional)										
Driver'	s Licence	e (if appli	icable)								Driver's	Licence	e (if ar	plical	le)							
		, -rr"	/											,								



Authorised user 3	Authorised user 4
Mandatory security details Date of birth (DD/MM/YYYY)	Mandatory security details Date of birth (DD/MM/YYYY)
Nationality	Nationality
Mathada naiden nana () i i i i i i i i i i i i i i i i i i	Mathaula maridan mara () i di d
Mother's maiden name (mother's original surname / family name)	Mother's maiden name (mother's original surname / family name)
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
SIGNHERE Date (DD/MM/YY)	SIGN HERE



Additional identification requirements — Sole Trader application



Part 1: Organisation details			
Please tick this box if the entity's residential will only need to fill out Business Activity De		f business) is the sam	ne as the registered address. If it is the same, then you
If entity's residential address is different from the	registered address, please	provide Residential (address (principal place of business):
Residential address (principal place of busi	ness)	Business Activit	y Description
This is the main location from which the business are made, and the company books and records a	,	This can include no provided or type o	ature and purpose of entity, products and services of investments etc.
Street address			
Suburb			
State Country	Postal code		
Part 2: Customer type			
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 Organisa	tion	Partnership
Fund as customer	100% Owned by List	ted Company	Financial Institution



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

customerresolutions.au@inq.com

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			
Existing customer Your ING client number: Please tick this box if you've already completed a valid ING self-certifity foreign tax residency details (please proceed to Part 3). General information	cation on or aft	er 1 July 2017, and there hav	e been no changes to your
If you are new to ING or you need to provide a new self-certification, please	complete the	following:	
in god die new to ind or god need to provide a new seir certification, pieds	Residentia	-	
Given name	Street addre	SS	
Family name	Suburb		
Middle name(s)	State	Country	Postal code
Date of birth (DD/MM/YYYY)			
		ress (if different from above)	
	Street addre	ss (or PO Box)	
Place of birth			
Town or city of birth	Suburb		
Country of birth	State	Country	Postal code
Citizenship(s)			



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	Source 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)				
If you are a sole trader, please provide the ANZSIC Class Code and name for popular industries a www.abs.gov.au and select Statistics > Classifications website under the ANZSIC FAQs at ing.com.au Class (4 digit code) Name	re provided in the table below. To search through	the full list of ANZSIC Class code	es available, visit	
Denvilau in directuice				
Popular industries ANZSIC Class Name Other Social Assistance Services Accounting Services Management Advice and Related Consulting Services Other Health Care Services n.e.c. Other Interest Group Services n.e.c. Computer System Design and Related Services Religious Services Other Professional, Scientific and Technical Services r Other Construction Services n.e.c.	S 6962 Sports and Physical Red 8599 Legal Services 9559 Adult, Community and 7000 Creative Artists, Musicia 9540 Electrical Services	d Engineering Consulting Service creation Instruction	Class Code 6711 s 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 plan		
		22 a. m.ca porter plan	its	



Is Australia your sole country of ta In general, your tax residence is the coul live, however in some special cases, you than one country.	ntry/jurisdiction in which you	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		Yes No
Part 2: Country of foreign tax resid	lence and related Taxpayer Ide	ntification Number ("TIN")
You'll need to complete this Part if Austral	ia is not your sole country of tax resi	dence 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 a 		
• the account holder's TIN or equivalent,	such as your Social Security Numbe	er for each country/jurisdiction indicated.
Country TIN		
Note: A TIN is always required (unless in th	ne rare case the country does not iss	ue TINs).
		,
Part 3: Declarations		
	rms and conditions and our Privacy	le Terms and Conditions governing the account holder's relationship with Policy (available at ing.com.au) which sets out how ING may collect, use
I confirm that I am the individual identifie	ed in Part 1 of this form, or I am auth	norised to sign on their behalf.
I certify that where I have provided informagining this form, notify those persons the		y other person (such as a Controlling Person) that I will, within 30 days of
- I have provided the information to IN	G, and	
 the information may be provided to t may be tax resident pursuant to interg 		TO to tax authorities of another country or countries in which the person nge financial account information.
I declare that all the statements made ar	nd information provided in this form	are, to the best of my knowledge and belief, correct and complete.
		ich affects the foreign tax residency status of the individual identified me incorrect, and to promptly provide ING with a suitably updated
Full name		
Signature	Date (DD/MM/YYYY)	
		s form for a Controlling Person of an entity, please indicate the capacity in nder authority, please also attach supporting information.
Capacity	and marrie or the energy, it signing th	Mobile phone
. ,		·
Email		

