

Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

RETURN THIS FORM TO: Baptist Financial Services Australia Ltd (“BFS” and “Baptist Financial Services”)

Ph 1300 650 542

Email clients@bfs.org.au

Web www.bfs.org.au

PO Box 122 Epping NSW 1710

A delegated body of Australian Baptist Ministries



Account Application - Existing Client (ONLY IF NO change of signatories)

(Individuals or Businesses)

Account Name:

Client No.

How to invest

Please ensure that you have:

- o Read and understood our ‘Financial Services Guide’ and ‘Product Disclosure Statement – BFS Non Cash Payment Products’ which explain our services, our privacy policy, complaints handling process, details the terms and conditions, as well as the key features, benefits and risks of using our non-cash payment products;
- o Read and understood our Product Information Statement – Offer Document (relating to our debenture products) as it details the terms and conditions, as well as the key features, benefits and risks of investing in the debenture products covered by this application form; and
- o Completed the relevant sections of this Application Form.

Important Information:

- Baptist Financial Services (BFS) is a public company limited by guarantee and is a Registered Charity.
- BFS is not prudentially supervised by APRA and therefore, an investor in our products will not receive the benefit of the financial claims scheme or the depositor protection provisions in the *Banking Act 1959* (Cth).
- Investment in our debenture products is only intended for investors whose primary investment purpose is to support the charitable purposes of BFS.
- Client funds invested in BFS debentures are used to support our charitable purposes and to provide loans and services to churches and associated Christian ministries.
- BFS has an Identification Statement lodged with ASIC regarding our debenture products, the current version of which can be viewed on our website: www.bfs.org.au.
- BFS is required by law to notify us that our products and services are not subject to the usual protections for investors under the *Corporations Act 2001* (Cth) and are not regulated by ASIC.
- Investors of BFS debenture products may be unable to get some or all of their money back when they expect to, or at all. Our investments are only intended for investors whose primary investment purpose is to support our charitable purpose, and our products are not comparable to investments issued by banks, finance companies or fund managers.

Please use **BLOCK LETTERS** and tick required choices

STEP 1. Account Selection - I/we wish to open the following account(s). Please tick your choice(s)

Term Investment Opening amount \$ _____

Number of months at % per annum with interest payable:

Monthly 3 Monthly 6 Monthly Annually On Maturity

Notice of Withdrawal Account Opening amount \$ _____
(31 days notice required for withdrawals)

Development Fund Account Opening amount \$ _____
(31 days notice required for withdrawals)

Pensioner Deeming Account Opening amount \$ _____
(31 days notice required for withdrawals)

Funeral Investment Account Opening amount \$ _____

STEP 2. Funds Required to Open Account (Please tick as appropriate):

Cheque/s attached. Cash lodged at BFS State Office Transfer from BFS Account No. _____

If you wish BFS to make the initial investment by electronic funds transfer, please complete the Direct Debit Request overleaf.

STEP 3. Interest Payment Details Please select one of the following:

(Note: Not applicable for Funeral Savings Account.)

Add interest to this account (compound) or

Pay interest to another financial institution (Australian ADI) account. Details of the account are:

Account name			
Financial institution		Branch	
BSB number		Account number	

STEP 4. Account Operating Instructions – Signatories and authority for new account/s requested above to be identical to existing account/s in the same name.

STEP 5. Internet account access is required for this account. Yes No

STEP 6. Beneficial Owner Information (for all accounts except individuals)

As part of our obligations under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* we are required to re-verify relevant information from time to time.

Where a Customer Identification and Verification Checklist has not been completed within the last 3 years of the date of this application you should complete the Customer Identification and Verification checklist applicable to your organisation as set out below. This is not required for individual accounts.

<i>Please tick type of entity</i>		<i>*Please complete the following Customer Identification and Verification documents applicable to entity selected:</i>
Sole Trader	<input type="checkbox"/>	Customer Identification and Verification documents- INDIVIDUAL or SOLE TRADER
Partnership	<input type="checkbox"/>	Customer Identification and Verification documents- PARTNERSHIPS
Incorporated Association	<input type="checkbox"/>	Customer Identification and Verification documents- ASSOCIATIONS
Unincorporated Association	<input type="checkbox"/>	Customer Identification and Verification documents- ASSOCIATIONS
Trust	<input type="checkbox"/>	Customer Identification and Verification documents- TRUST
Domestic Company	<input type="checkbox"/>	Customer Identification and Verification documents- DOMESTIC COMPANY

***Must be completed with certified copy/s of documentation specified (including all pages)**

STEP 7. Sign Here

I/We apply for Baptist Financial Services to issue the above debentures and open the above-mentioned account(s) and I/we declare that:

- I/we are authorised to make this application;
- I/we understand that BFS is not bound to accept the application and may reject the application at its discretion;
- I/we have read and understood the "Important Information" on page 1;
- I/we have received, read and accept the terms and conditions as contained in our 'Product Information Statement – Offer Document: Debentures', 'Financial Services Guide' and 'Product Disclosure Statement and Terms & Conditions – BFS Non Cash Payment Products';
- If we are joint applicants, I/we agree that instructions may be given to BFS by either one of us and either of us may operate the account and bind the other;

- I/we understand that we have had the opportunity to receive financial product advice;
- I/we have provided BFS a signed Client Acknowledgement or that a signed Client Acknowledgement accompanies this application form.

SIGN HERE	SIGN HERE
NAME	NAME
POSITION	POSITION
Date	Date

Office Use Only: Client Acknowledgement	
Date received:	Date received:

Direct Debit Request

(BFS Clients Only)

Request and Authority to Debit the Account Named below to Pay Into Client Account
No. _____ in the name of _____
with Baptist Financial Services Australia Ltd (BFS)

Request and Authority to debit the Account	Surname or Company name _____ Given names or ABN/ARBN _____ request and authorise _____ through their financial institution, Baptist Financial Services Ltd (BFS) Debit User ID148018 to process the amount we are authorised to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below.								
Insert the name and address of financial institution at which account is held	Financial Institution Name _____ Branch/Address _____								
Account details to be debited*	Account Name _____ BSB Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Narration: _____ (Max 18 Characters)								
Acknowledgement	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and BFS as set out in the Request and in your Direct Debit Services Agreement.								
Debit commencement	Amount to be debited: \$ _____. The first debit will commence on ___/___/___ and at the following intervals after that: <input type="checkbox"/> once off <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> half yearly <input type="checkbox"/> yearly <input type="checkbox"/> 4 weekly <input type="checkbox"/> 2 monthly (tick as appropriate) until further notice, or the last debit to be on ___/___/___ .								
BFSOnline	Please tick if you require the above account to be used as a predefined external account for BFSOnline Internet account access purposes <input type="checkbox"/>								
Type of Request	Tick one box: <input type="checkbox"/> New Authority <input type="checkbox"/> Amendment of Authority No: _____ <input type="checkbox"/> Cancellation of Authority No: _____								
Authorised signatory of account to be debited* Authorised signatory of account to be debited*									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">SIGN HERE</td> <td style="width: 50%; text-align: center;">SIGN HERE</td> </tr> <tr> <td>Print Name:</td> <td>Print Name:</td> </tr> <tr> <td>Address</td> <td>Address</td> </tr> <tr> <td>Daytime Phone: Date / /</td> <td>Daytime Phone: Date / /</td> </tr> </table>		SIGN HERE	SIGN HERE	Print Name:	Print Name:	Address	Address	Daytime Phone: Date / /	Daytime Phone: Date / /
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Office Use Only	NEW Authority Number: _____ Entered by: _____ Date: _____								