

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
NSW/ACT PO Box 122 Epping NSW 1710 VIC/TAS PO Box 377 Hawthorn VIC 3122
SA/NT PO Box 432 Unley SA 5061 WA PO Box 57 Burswood WA 6100
A delegated body of Australian Baptist Ministries



Account Application – Existing Client

(Baptist and Other Churches and Organisations)

Account Name: Client No.

How to invest

Please ensure that you have:

- Read and understood our 'Financial Services Guide' and 'Product and Services Information – Affiliate and Wholesale Clients' which explain our products and 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 and debenture products; and
- Completed the relevant sections of this Application Form.

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

Savings Account Opening amount \$ _____

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

Online Savings Account Opening amount \$ _____

Development Fund 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 Baptist Financial Services Account Number _____ Or

Pay interest to another financial institution account. Details of the account are:

Account name			
Financial institution		Branch	

BSB number		Account number	
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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. Sign Here

I/We apply to open the above-mentioned account(s) with Baptist Financial Services and I/we declare having received, read, and accepted the terms and conditions as contained in our 'Product and Services Information Statement – Affiliated and Wholesale Clients' and 'Financial Services Guide'.

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 understand that BFS is not bound to accept the application and may reject the application at its discretion;
- all the information in this application form is true and correct and I/we agree to notify BFS immediately if there is any change to such details;
- I/we have received, read and accept the terms and conditions as contained in our 'Product Information Statement – Affiliated and Wholesale Clients' and, 'Financial Services Guide';
- 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 meet:
 - the definition of "wholesale client" under the *Corporations Act 2001*, and/or
 - the definition of "associate" under *ASIC Corporations (Charitable Investment Fundraising) Instrument 2016/813* and definition of "affiliate" under *Banking exemption No 1 of 2016*;
- I/we understand that we have had the opportunity to receive financial product advice.

Applicant 1 signature	Applicant 2 signature
Date	Date

Office Use Only: Affiliate Application
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.
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Insert the name and address of financial institution at which account is held	Financial Institution Name _____ Branch/Address _____
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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)
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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.
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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 ___/___/____.
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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"/>
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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: _____
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Authorised signatory of account to be debited*	Authorised signatory of account to be debited*
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SIGN HERE	SIGN HERE
Print Name: _____	Print Name: _____
Address _____	Address _____
Daytime Phone: _____ Date / /	Daytime Phone: _____ Date / /

Office Use Only	NEW Authority Number: _____ Entered by: _____ Date: _____
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