



Term Deposit Application Form

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Type of Account

Please select one type of joint account only *

Individual

Joint

Association

Business/Company (ABN /ACN Required)

Registered Body (ARBN Required)

Superannuation Fund

Trust

Details for Non Personal Accounts

Business Name/ Super Fund/ Trust name:		
Account Name:		
A.C.N:	A.B.N:	
Tax File Number:		
Or	I want to claim an exemption	I don't want to quote a TFN or claim exemption

Please Note: quotation is not compulsory but tax may be taken out of your interest if you do not quote your Tax File Number, Australian Business Number or claim an exemption. For more information about the use of the Tax File Numbers, please contact the Australian Taxation Office.

Registered Address (PO Box not accepted)	Contact Details
Unit/ Street Number:	Home:
Street Name:	Work:
Suburb/Town:	Fax:
State/ Territory:	Mobile:
Postcode:	Email:
Country	

Account Holder/s Company Contact/s

First Account Holder or Business Contact *	Secondary Account Holder or Business Contact *
Please Provide the personal and contact details for the individual, trustee, proprietor or director.	Please Provide the personal and contact details for the individual, trustee, proprietor or director.
Title:	Title:
First Name:	First Name:
Middle Name:	Middle Name:
Last Name:	Last Name:

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Account Holder/s Company Contact/s Continued

First Account Holder or Business Contact *		
Gender:	Male	Female
Date of Birth(DD/MM/YYYY):	/	/
Position Held *		
Occupation:		
Residential Address: (PO BOX not accepted)		
Unit/Street No:		
Street Name:		
Suburb/Town:		
State/Territory:	Postcode:	
Country:		

Secondary Account Holder or Business Contact *		
Gender:	Male	Female
Date of Birth(DD/MM/YYYY):	/	/
Position Held *		
Occupation:		
Residential Address: (PO BOX not accepted)		
Unit/Street No:		
Street Name:		
Suburb/Town:		
State/Territory:	Postcode:	
Country:		

Contact Details
Home:
Work:
Fax:
Mobile:
Email:

Contact Details
Home:
Work:
Fax:
Mobile:
Email:

Tax File Number (TFN) or Exemption *
Please provide the TFN for each account holder/s or business contact/s.
First Account Holder or Business Contact:
Secondary Account Holder or Business Contact:

or
I am a non resident of Australia
I want to claim an exemption
I do not want to quote a TFN or claim an exemption

or
I am a non resident of Australia
I want to claim an exemption
I do not want to quote a TFN or claim an exemption

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Term Deposit Account Details

Term Deposit Details:	Maturity Date:
Deposit Amount: \$	Interest Rate * % p.a:
How long would you like to invest?	

Interest Frequency *
At maturity (for terms 12mths or less)
Quarterly (for terms >12mths)
Yearly (for terms >12mths)
How would you like interest paid? *
Compound at maturity (i.e. add to principal)
Pay to my account

Account of Direct Credit
Bank Name:
Bank Address:
BSB:
Account Name:
Account Number:

Important Privacy Notice

By signing this Term Deposit Application (Non Personal Customer):

I/We acknowledge that any personal information about me/us in my/our application, and any other personal information about me/us collected by Goldfields Money or broker, will be used by Goldfields Money to assess my/our application, and, if approved, to establish and administer my Goldfields Money customer account or accounts if more than one (including all products and services offered by Goldfields Money, such as, without limitation, electronic and other payments, withdrawal and deposit services, loans, internet banking and phonenumber banking).

Personal information may be disclosed to:

- Brokers and agents who refer your business to us;
- any person acting on your behalf, including your financial adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney;
- organisations to whom we outsource certain functions.

I/We agree and consent to Goldfields Money may use or disclose personal information collected about me/us for the following other purposes: its administration and management, providing its products and services to me/us, arranging for other organisations to provide products and services to me/us at my/our request, informing me/us about its products or services or those of other organisations, developing products and services, fraud and crime prevention and complying with

legislative and regulatory requirements.

I/We understand that Goldfields Money may outsource some functions and may disclose personal information about me/us to service providers, (outsourced functions may include provision of services such as mailing, statement production, IT, payment and deposit processing, debt collection, legal, insurance, banking and auditing), signatories to my/our account and additional cardholders (if applicable). Subject to the Privacy Act 1988 and this notice, I/We consent to such disclosures and collection of my/our personal information.

I/We acknowledge that I/We can usually gain access to my/our personal information by contacting my/our Deposit Broker or Goldfields Money.

In relation to this Term Deposit Application (Non Personal Customer), I/We authorise my/our Deposit Broker to instruct Goldfields Money on my/our behalf.

I/We authorise Goldfields Money to disclose information about my/our account/s to my/our Deposit Broker.

Tax File Number - Collection of Tax File Number(s) is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act 1988. Quotation is not compulsory but tax may be taken out of my/our interest if I/we do not quote my/our Tax File Number, Australian Business Number (ABN) or claim an exemption. For more information about use of Tax File Numbers, please phone your nearest Tax Office.

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Agree to Terms and Conditions

I/We apply for the products and services listed within this Application Form. I/We request Goldfields Money to direct all account related correspondence to my/our Deposit Broker.

Details Correct?

I/ declare that my/our details above are true, complete and correct. I/We acknowledge that these details have been given to Goldfields Money to enable it to decide whether or not to issue the requested products and services to me/us and that Goldfields Money will rely on these details when making its decision.

Joint Accounts

I/We agree that any credit balance in the join account is owned by all account holders jointly, with the right of survivorship, and that all joint account holders are liable for any money owed on the joint account.

Terms and Conditions

I/We agree to abide by the Terms & Conditions applying to all the products or services obtained from Goldfields Money and acknowledge that my/our signature on this application signifies my/our acceptance of these Terms & Conditions and of any applicable Fees and Charges.

Method of Operation

For joint applicants, please indicate Method of Operations. If no box is ticked, it will be deemed all to sign *

Anyone to sign:

All to Sign:

Other:

Declaration

I/We acknowledge that my/our signature on this application signifies my/our acceptance of the following:

I/We have received or downloaded and printed a copy of the Fees and Charges Brochure for future reference. I/We understand that the Terms and Conditions for Term Deposits and Other relevant Information, as listed below, is available at www.goldfieldsmoney.cim.au/downloads or by calling 1300 GO 4 GOLD.

- Product disclosure statement
- Personal savings Bank account Fees and Charges
- NetBanking Terms & Conditions Direct
- Phonelink Terms & Conditions
- Financial Services guide

I/We consent to the use and disclosure of personal information collected about me as is indicated in the section titles "important Privacy Notice".

I/We acknowledge that all correspondence with be sent to my/our Deposit Broker at the following address:

First Account Holder or Business *	Second Account Holder *
Signature	Signature
Print Name:	Print Name:
Date:	Date:

Broker office use only:

Broker Name:

Ref/Transaction Number:

AML/CTF Verification Completed by"