

Deposit Account form - Add/Remove Authorised Signatories

This form is for existing customers. Please complete all applicable sections of this form. Please print in CAPITAL LETTERS and place a cross \overline{X} in any applicable boxes.

1. Account details	
Signatories will only be granted/revoked access to the account(s)	listed below. Please attach a list of accounts if more space is needed.
Existing account number	Account name
Existing account number	Account name
Existing account number	Account name
Existing account number	Account name
Account type (you can choose more than one type)	
AMP Business Saver Account eASYCash Manag	
□ AMP Access Account □ AMP Cash Manage □ AMP SuperEdge Cash Account □ AMP SuperEdge S	
2. Signatories being added/removed to authorise to operate	
Authorised Signatory 1	
☐ Add new signatory ☐ Remove an existing signatory	Authorised Signatory 2 Add new signatory Remove an existing signatory
Signature of new Authorised Signatory 1	Signature of new Authorised Signatory 2
signature or new rathorised signatory 1	signature of new stationised signatory 2
X	×
Date	Date
D D M M Y Y Y Y	D D M M Y Y Y Y
Surname	Surname
First name Middle name(s)	First name Middle name(s)
Date of birth	Date of birth
D D M M Y Y Y Y	D D M M Y Y Y Y
Current residential address (must not be PO Box)	Current residential address (must not be PO Box)
Suburb State Postcode	Suburb State Postcode
Country of residence If Other, please specify	Country of residence If Other, please specify
☐ Australia ☐ Other	☐ Australia ☐ Other
Name of Authorised Signatory	Name of Authorised Signatory
Position of Authorised Signatory	Position of Authorised Signatory

2. Signatories being added/removed to authorise to oper	ate on the above account(s) (continued)
Authorised Signatory 3	Authorised Signatory 4
\square Add new signatory \square Remove an existing signatory	Add new signatory Remove an existing signatory
Signature of new Authorised Signatory 3	Signature of new Authorised Signatory 4
X	X
Date DDMMYYYY Surname	Date D D M M Y Y Y Y Surname
First name Middle name(s)	First name Middle name(s)
Date of birth D D M M Y Y Y Y	Date of birth D D M M Y Y Y Y
Current residential address (must not be PO Box)	Current residential address (must not be PO Box)
Suburb State Postcode	Suburb State Postcode
Country of residence If Other, please specify	Country of residence If Other, please specify
☐ Australia ☐ Other	☐ Australia ☐ Other
Name of Authorised Signatory	Name of Authorised Signatory
Position of Authorised Signatory	Position of Authorised Signatory
3. Current signing authority	
What is the current account signing authority?	
Any to sign (any one of the signatories can operate the acc	ount without the other's permission)
☐ All to sign (all of the signatories are required to act to oper	
Any two to sign (two of the signatories are required to act	
4. Signatory access to future accounts	
Should the Authorised Signatory automatically be added to future accounts in this account holder(s)' name?	
Should the Authorised Signatory automatically be added to fi	ature accounts in this account holder(s)' name?

5. Signatory identification

If you provided proof of your identify to us since 12/12/2007, you may not need to be re-identified. If you are a new AMP Bank customer or have not been identified since 12/12/2007, please complete the Identification Verification form and submit it with this application. If you are unsure, please call us on 13 30 30 to confirm.

6. Privacy Collection Statement

Privacy Collection Notice

AMP Bank collects personal information from the account holders named in this form, which will be used (along with any other information we already hold) to process your request to add or remove an Authorised Signatory to your account. If we cannot collect your personal information, we may not be able to process your application.

We are required or authorised to collect this personal information under various laws including those relating to taxation and Anti-Money Laundering and Counter-Terrorism Financing Laws.

We will only share your personal information:

- with other members of the AMP Group and external service providers that we need to deal with for the purposes described above
- as required by law or regulations with courts, tribunals or government agencies
- with persons or third parties authorised by you (including others named in this application), or if required or permitted by law.

We may also disclose your name, residential address and/or date of birth to a credit reporting body (CRB) for the purposes of requesting the CRB to provide an assessment whether this personal information matches (in whole or in part) the personal information held by them. The CRB may prepare an assessment using this personal information, comparing this personal information with the personal information the CRB has on you and other individuals. The CRB may provide this assessment to us. If you don't consent to this, we may have to use other reasonable means of verifying your identity or decline to proceed.

Some external service providers we need to deal with can be located or host information outside Australia. A list of countries where these providers may be located can be obtained via the AMP Privacy Policy. We take all reasonable steps to ensure that any information shared with external service providers is secured to protect your information.

Marketing and other purposes

In addition to the purposes stated above we may use your personal information for marketing and research purposes. To opt out of direct marketing from AMP Bank, to obtain further information about how AMP handles your personal information or to request access to the personal information AMP holds about you, call 13 30 30 or write to: AMP Bank, Locked Bag 5059, PARRAMATTA NSW 2124 or email info@ampbanking.com.au.

Personal information is treated in accordance with the AMP Privacy Policy, which sets out how to access or update your personal information or make a privacy-related complaint. You can view our Privacy Policy online at amp.com.au/privacy or contact us on 13 30 30 for a copy.

7. Declaration by existing Authorised Signatory ☐ I/We request AMP Bank to add the Authorised Signatory whose details are noted above in section 2 to operate the account(s). By signing this Authorised Signatories form, I/we agree that the additional signatory is my/our agent for the purpose of operating the account(s) noted and that I/we are responsible for the actions of the Authorised Signatory, for example, I/we are liable for any withdrawals or fees and charges which the Authorised Signatory incurs and which will be debited to the account. I/We will notify AMP Bank in writing to cancel this authority and this authority remains in force until then. I/We warrant that the information in this Authorised Signatories form is accurate and complete. OR I/We authorise the revocation to the Authorised Signatory as identified in section 2. Sign in accordance with the existing Account signatory(s), as designated above in section 3. Signature of account holder Executed by a company pursuant to section 127 of the Corporations Act 2001 (Cth) or by an individual Signature of account holder Signature of account holder X X Name of account holder Name of account holder Position (for companies) Position (for companies) Date Date

Where to send this form

Please return the signed and completed form to:

AMP Bank – Customer Transaction Services Reply Paid 79702 PARRAMATTA NSW 2124