# eCASH and CASH Connect

# Nominated Account and External Linked Account Amendment

Use this form to provide or amend your nominated bank account details. We pay cash withdrawals from your Cash Account (as set out in Account details section below) via Electronic Funds Transfer (EFT) directly into your nominated bank account. This is so we know your funds reach you safely, on time and into the account that you nominate. This form may also be used to set up or amend external linked accounts.

Complete this form in **BLOCK LETTERS** by typing directly into the form or writing in **black pen**, **print** the form and **sign** it in ink and **attach** an **original certified copy** of your identification (ID) (refer to section 3).

Send the completed form to us via one of the following methods:

- submit an electronic copy of the original form and original certified ID via our secure Document Upload facility on Investor Online or AdviserNET (accessed from Forms > Document Upload menu), we will accept this as an original
- post the original signed form with original certified ID to Asgard, PO Box 7490, Cloisters Square WA 6850
- take the original signed form with your original ID or original certified ID to any St.George Bank, BankSA or Bank of Melbourne branch, and request the branch staff to verify your ID and complete the applicable branch checklist scenario on page 4 in full.
   They will then email this form to us for processing.

#### **Privacy Statement and Consent Request**

#### **Privacy Statement**

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statements which are available at <a href="mailto:asgard.com.au/privacy">asgard.com.au/privacy</a> or by calling 1800 731 812 and <a href="mailto:stgeorge.com.au/privacy/privacy-statement">stgeorge.com.au/privacy/privacy-statement</a> or by calling 13 33 30, respectively. Our Privacy Statements also provide information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

#### **Your Consent**

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the *Anti-Money Laundering and Counter Terrorism Financing Act 2006* (Cth).

**Questions?** Call our Customer Relations team on 1800 731 812 Monday to Friday, between 8.30am and 7.00pm Sydney time (8.00pm during daylight savings time) or email ewrap@asgard.com.au

| 1. Account details  |   |  |
|---|---|--|
| Account number  |   |  |
|   |   |  |
| Account name  |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| 2. Nominated bank account of                                | details   |  |
|   |   |  |
| I/We request for any direct debit detailed below.           | t payment via EFT from my/our account to be made to my/our financial institution account as |  |
|   |   |  |
| detailed below.   |   |  |
| detailed below.   |   |  |
| detailed below.  Name(s) bank account is held i             | in  |  |
| detailed below.  Name(s) bank account is held i             | Bank account number   |  |
| detailed below.  Name(s) bank account is held i  BSB number | Bank account number   |  |

# Please note:

- · Your Nominated Bank Account must be an Australian bank account. We cannot accept overseas bank accounts.
- The Nominated Bank Account must be held in the same name as the Cash account (as set out in section 1), in the name of one of
  the joint investors or, if it's a joint bank account, one of the bank account holders is also the Cash account holder.



| 3. Amend External Linked Accounts   |
|---|
| External Linked Account 1   |
| Add Remove  |
| Name(s) bank account is held in   |
|   |
| BSB number Bank account number  |
|   |
| Bank account 'nickname'*  |
|   |
| External Linked Account 2   |
| Add Remove  |
| Name(s) bank account is held in   |
|   |
| BSB number Bank account number  |
|   |
| Bank account 'nickname'*  |
|   |
| External Linked Account 3   |
| Add Remove  |
| Name(s) bank account is held in   |
|   |
| BSB number Bank account number  |
|   |
| Bank account 'nickname'*  |
|   |
| * A 'nickname' is the name used to refer to an External Linked Account on adviserNET to help your financial adviser identify the account, for example 'holiday account' or 'Fred's account'.  |
| 4. Authority to Transfer Cash   |
| Do you wish to give your financial adviser Authority to Transfer Cash from your Cash Account to your Nominated Account, External  |
| Linked Accounts and any other Cash Accounts held under the same Client Number?  Yes, my/our financial adviser is granted Authority to Transfer Cash to my/our Nominated Account, External Linked Accounts and   |
| other Cash Accounts under my/our Client Number.   |
| I/We authorise my/our financial adviser to give, and Asgard to accept, instructions to effect the transfer of money from my/our Cash Account to my/our Nominated Account, External Linked Accounts and other Cash Accounts under my/our Client Number as above on my/our behalf as if they had been given by me/us. |
| This authority does not in any way limit Asgard's authority to operate your Cash Account under the Terms and Conditions governing your Cash Account.  |
| OR  |
| No, my/our financial adviser is not granted Authority to Transfer Cash to my/our Nominated Account, External Linked Accounts and other Cash Accounts under my/our Client Number.  |
| If you select this option you will be required to sign instructions to transfer money from your Cash Account prior to your financial adviser electronically submitting them to Asgard.  |



#### 5. Completing proof of identification

You will need to provide an **original certified copy** of your identification with this form. Acceptable documents which you can use to prove your identity are listed below.

#### Either:

| One of the following primary photographic identification documents:  |        | f the following non-photographic<br>ication documents:  |
|--|--------|---|
| Australian driver's licence/learner's permit   |        | stralian birth certificate (or extract) issued by a State   |
| Australian passport – must not be cancelled, defaced or mutilated (a passport that has expired within the      |        | Territory stralian citizenship certificate (including a Citizenship   |
| preceding 2 years is acceptable)   |        | Descent Certificate)  |
| Australian proof of age card issued by a State or Territory  | Ce     | entrelink pension card (Australian)   |
| Foreign passport or travel document issued by a foreign  | Ce     | entrelink health care card (Australian)   |
| government, the United Nations, or an agency of the United Nations (must not be cancelled, defaced or          | AND    |   |
| mutilated) which contains either a signature OR a unique   | One of | f the following secondary identification documents:   |
| identifier of the person*  |        | notice issued by the Commonwealth or a State/Territory  |
| Foreign driver's licence/permit that contains a photograph of the person in whose name it is issued and the    |        | thin the last 12 months that includes the individual's me and residential address and records the provision |
| individual's date of birth*  |        | financial benefits (e.g. Centrelink notice)   |
| National identity card issued by a foreign government,   |        | notice issued by the Australian Taxation Office (ATO)   |
| the United Nations or an agency of the United Nations which contains either a signature OR a unique identifier |        | thin the last 12 months that includes the individuals me and residential address and records a debt payable |
| of the person*   |        | or to the individual (e.g. tax assessment)  |
| * Documents written in a language other than English must be accompanied                                       |        | ilities notice issued by a local government or utilities  |
| by an English translation prepared by an accredited translator.  |        | ovider within the last 3 months and includes the stomer's name and residential address and records          |
|  |        | e provision of a service to that address or name  |

# Have you changed your name or signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

| Purpose                           | Suitable linking documents  |
|-----------------------------------|---|
| Change of name                    | Original certified copy of the marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office. |
| Signed on behalf of the applicant | Original certified copy of the guardianship papers or Power of Attorney.  |

# **Certification of identification documents**

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed below (eligible certifiers) and ask them to certify that the photocopy is a true and correct copy of the original document.

The eligible certifier will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name of authorised certifier], as [select appropriate person from authorised list below], certify that this [name of document] is a true copy of the original [signature and date].

#### Who can certify copies of documents

- A solicitor or barrister
- A justice of the Peace
- A police officer
- An Accountant who is:
  - a fellow of the National Tax Accountants' Association:

OR a member of any of the following:

- Chartered Accountants Australia and New Zealand;
- the Association of Taxation and Management Accountants;
- CPA Australia;
- the Institute of Public Accountants

- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- An officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- A finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees

For a complete list of people who can certify your identification documents please refer to our website bt.com.au/content/dam/public/panorama/pdf/BT\_Panorama\_-\_How\_to\_certify\_documents\_flyer.PDF.



# 6. Signatures

I/We authorise and request that you transfer funds when I/we direct from my/our Account to the Nominated Account and/or External Linked Account(s) set out in sections 3 and 4. You may refuse to accede to this request at any time, exercising such discretion reasonably. In particular, the transfer of funds will only be made if there are sufficient funds in my/our Account on the day of transfer. I/We understand that when I/we use Phone/Internet Banking to transfer funds from my/our Account to a Nominated Account, I/we will be bound by St.George Bank's Banking Services Terms and Conditions (and any variation of them). In particular and without limiting the above, I/we acknowledge that you are not liable for any loss or damage if a transfer of funds is not affected or is delayed for any reason. I/We also acknowledge that you may impose a fee on any transfer made pursuant to this request. I/We agree to the consents in the Privacy Statement and Consent Request section.

| Note: Signatures must be in ink, we cannot accept digital signatures   | tures.   |  |  |
|--|--|--|--|
| Individual or joint Account holders/Trustee(s) sign here   | Trustee 4 signature  |  |  |
| If the Account is in joint names, both Account holders must sign.  |  |  |  |
| Account holder/Trustee signature   |  |  |  |
|  | Date   |  |  |
| Date I I I I I I I I I I I I I I I I I I I   | Companies or trustee companies sign here   |  |  |
| Account holder 2/Trustee 2 signature   | If signing under Common seal, we confirm it was affixed in our presence.   |  |  |
| , and July and the second of t | Signature of: Director Sole Director Sole Secretary  |  |  |
|  |  |  |  |
| Date   |  |  |  |
| Trustee 3 signature  | Date   |  |  |
|  | Signature of: Director Secretary   |  |  |
| Date Di  |  |  |  |
|  |  |  |  |
|  | Date LLL   LLLLLL  |  |  |
|  |  |  |  |
| BANK USE ONLY - St.George Bank, BankSA or Bank of Melbourn   | ne branch staff checklist (Mandatory)  formed the relevant steps by checking all of the relevant boxes with a                    |  |  |
| cross and provide your details. Note: All three steps within the scer  | nario must be performed to enable submission of this request. If this  |  |  |
| form doesn't contain the customer's original ink signature or if the   |  |  |  |
| Scenario 1: I am certifying the original identification   OR   I have sighted the original identification and taken  | Scenario 2: Customer has provided original certified identification  I have collected an original certified copy and it contains |  |  |
| a photocopy of which I have written my certification statement on, signed, dated and branch stamped.   | the original signature of the person who certified them.   |  |  |
| I have confirmed the customer's original ink signature   | I have confirmed the customer's original ink signature is provided on this page.   |  |  |
| is provided on this page.  | I have verified all identification documents are current and not   |  |  |
| I have verified all identification documents are current and not past expiration date.   | past expiration date.  |  |  |
| Employee name  |  |  |  |
|  |  |  |  |
| Employee salary number   |  |  |  |
|  |  |  |  |
| Employee signature   |  |  |  |
| ,  | ]  |  |  |
|  | Date Date Branch stamp   |  |  |
| Please email this form and the certified copy of original identification   | on to nbasubmission@asgard.com.au. Once completed, write   |  |  |
| "EMAILED" on the front page of this form and return all documents  | and identification to customer. Note: Please ignore auto reply email.  |  |  |

