



Insignia
Financial

Building Futures Strengthening Ties

Invest in Australia's
Term Deposits
Today!

Term Deposit Application Form

Fixed Income Awards 2024 Insignia Financial is one of the 2024 winners of Fixed Income at Wealth & Finance.

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Products are issued by Insignia Financial, a business name of Insignia Financial (Australia) Limited ABN 49 100 103 722 and ACN (Australian Company Number): 100 103 722,.

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ASX
AUSTRALIAN SECURITIES EXCHANGE



Term Deposit Application Form

Please complete the fields below accurately and to the best of your ability. Your responses will help us understand your personal and financial circumstances, investment objectives, risk tolerance, and experience. Based on this information, we can recommend suitable investment options. Please contact us if you have questions or need assistance.

☐ I/We would like to open a new personal account

☐ I/We would like to open a new corporate account

INTERNAL APPLICATION NUMBER

1 REGISTRATION DETAILS Fields marked with an asterisk (*) are mandatory.

1A INVESTOR DETAILS

Title: ☐ Mr. ☐ Mrs. ☐ Ms. Other, please specify

* First Name(s)

* Last Name(s)

* Address

* City/Town

* Postcode

* Country

* Nationality

* Country of Birth

* Place of Birth

* Date of Birth (DD/MM/YYYY)

* Passport / ID Number

* Country of Issue

* Passport Expiration Date (DD/MM/YYYY)

* Country of Tax Residence

* Tax File Number

* Additional Country of Tax Residence

* Additional Tax File Number

* Mobile / Cell Number

Telephone (Home)

Telephone (Daytime)

Fax

* Email Address

* Profession (If you are a retiree, please indicate your last profession.)

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

*Please tick only one of the boxes below to confirm the source of wealth/funds for this investment:

☐ Income ☐ Inheritance ☐ Sale of Property ☐ Sale of Business ☐ Savings

*Beneficial Owner declaration: Pursuant to Article 1(7) of the Australian law of 12 November 2004 on the fight against money laundering and terrorist financing, as amended Insignia Financial must identify any beneficial owner(s) for any legal entity.

* Beneficial Owner declaration:

☐ I confirm that the Investor is the beneficial owner of the Term Deposit.

☐ I confirm that the Investor is not the beneficial owner of the Term Deposit.

1B INVESTOR 2 DETAILS (Only complete this section for a joint account. Please also ensure you complete section 2 Authorisation below.)

Title: ☐ Mr. ☐ Mrs. ☐ Ms. Other, please specify

* First Name(s)

* Last Name(s)

* Address

* City/Town

* Postcode

* Country

* Nationality

* Country of Birth

* Place of Birth

* Date of Birth (DD/MM/YYYY)

* Passport / ID Number

* Country of Issue

* Passport Expiration Date (DD/MM/YYYY)



Insignia Financial

* Country of Tax Residence

* Additional Country of Tax Residence

* Mobile / Cell Number

Telephone (Home)

* Email Address

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

*Please tick only one of the boxes below to confirm the source of wealth/funds for this investment:

☐ Income ☐ Inheritance ☐ Sale of Property ☐ Sale of Business ☐ Savings

* Beneficial Owner declaration:

☐ I confirm that the joint Investor is the beneficial owner of the Term Deposit.
☐ I confirm that the joint Investor is not the beneficial owner of the Term Deposit.

1C COMPANIES, PARTNERSHIPS, TRUSTS, SMSF & OTHER ENTITIES

* Full Name of Entity

* Type of Entity (company, partnership, trust etc.)

* Country of Establishment

* Creation Date

* Address

* City/Town

* Postcode

* Country

* Country of Tax Residence

Registration Number

Business Activity

Telephone (business)

* Tax File Number

Fax Number

* Email Address

(You will automatically be enrolled to receive e-Documents. Submitting email instructions will be possible only if you provide your email address. Email instructions will be accepted from one recorded email address only. By providing your email address you are consenting to operational email communications.)

*Please tick only one of the boxes below to confirm the source of wealth/funds for this investment:

☐ Income ☐ Inheritance ☐ Sale of Property ☐ Sale of Business ☐ Wealth generated through the activities of the company

*Beneficial Owner declaration: Pursuant to Article 1(7) of the Australian law of 12 November 2004 on the fight against money laundering and terrorist financing, as amended Insignia Financial must identify any beneficial owner(s) for any legal entity.

2 AUTHORISATION

Joint Account Holders: We declare that holders may sign transaction instructions ☐ Separate or ☐ Joint

3 CORRESPONDENCE DETAILS

Please enter your preferred address for all correspondence. This can be left blank if the preferred mailing address is the same as in sections 1A and 1C

* First Name(s) / Company

* Address

* Postcode

* Last Name(s)

* City/Town

* Country



4 ONLINE ACCESS

- ☐ **INVESTOR 1:** I require access to the Insignia Financial online platform. Please use my email address in section 1A for the registration.
- ☐ **INVESTOR 2:** I require access to the Insignia Financial online platform. Please use my email address in section 1B for the registration.
- ☐ **COMPANIES, PARTNERSHIPS, TRUSTS, SMSF & OTHER ENTITIES:** I/we require access to the Insignia Financial online platform. Please use the email address in section 1C for the registration. Please note that the e-mail address in 1A-1C must be different.

5 INVESTMENT DETAILS

I/We would like to invest in the following Term Deposit(s).

Term Deposit	Rate	Investment Amount
<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"/>

I/We wish to receive details of our investments in our chosen currency

6 REGULAR WITHDRAWAL PLAN

Frequency of withdrawal: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ At Maturity

Regular withdrawals will be paid out to your bank account provided in section 7.

7 BANK ACCOUNT DETAILS

Please provide your bank account details below for any withdrawal payments. Payment will be made in your chosen settlement currency indicated below. Payments to another party other than the Investor(s) are not permitted. If you wish to provide us with additional bank account details for your regular withdrawal plan or for payments in other currencies, please attach a separate list signed by all Investors.

Account Name <input type="text"/>	Settlement Currency <input type="text"/>
Account Number / IBAN <input type="text"/>	BSB / BIC / SWIFT <input type="text"/>
Bank Name <input type="text"/>	
Bank Address <input type="text"/>	

8 TERMS & CONDITIONS

If the product you have chosen is a Term Deposit, where the Terms of Conditions are located in the Term Deposit Prospectus, we require you to tick the box. By ticking the box, you are confirming that you fully understand and agree to the Terms and Conditions set out in our Term Deposit prospectus.

☐ I/We agree and accept the Terms of Business.

9 FOR POLITICALLY EXPOSED PERSONS (PEP) OR THEIR REPRESENTATIVES ONLY

We conduct additional 'Know Your Client' investigations and other checks on PEPs. These checks sometimes involve our collecting or use of information about you as a PEP, including your political opinions, religious or philosophical beliefs. You can read about our use of this information in our Privacy and Cookie Notice. Please tick this box if you consent to such use. If you do not consent, we may not be able to proceed with your application or continue to provide our services to you.

Name of PEP

10 AML VERIFICATION REQUIREMENTS

We must confirm the identity of all prospective clients and co-account holders (if applicable) before we can transfer funds to you. To complete this process, please provide one document from Group A and one from Group B. For Bank Statements and Utility Bills, make sure they are no older than three months.

- Group A ☐ Valid Passport ☐ Valid Driving Licence ☐ Birth Certificate ☐ Medicare Card
- Group B ☐ Bank Statement ☐ Utility Bill ☐ Local Authority Document

11 SIGNATURES AND DECLARATIONS (Please refer to Terms & Conditions)

1. I/We apply for Term Deposit(s) indicated, subject to the Articles of T & C's and its prospectus supplemented by country specific annexes, if any. If applicable in my jurisdiction, I/we confirm having received, read and understood the Terms of Business within the Important Information Guide.

2. I/We understand that my/our application is subject to receipt and acceptance by Insignia Financial.

3. I/We hereby confirm that I/we are aware that the Term Deposit yield is guaranteed.

4. I/We declare that the Term Deposit is NOT being applied for or acquired directly or indirectly or on behalf of a US person (as defined in the prospectus) or by or on behalf of any person in any other jurisdiction that would be restricted or prohibited from applying for or acquiring the Term Deposit and that I/we will not sell, transfer or otherwise dispose of such Term Deposit directly or indirectly, to or for the account of any US person or in the US or in or for the account of any person in such other jurisdiction.

5. I/We declare that no payments for funding investments into Insignia Financial is directly or indirectly derived from activities that may contravene applicable anti-money laundering and counter terrorist financing laws and regulations or any tax laws.

6. I/We declare that I am/we are over 18 years of age and have full capacity to subscribe, hold and/or otherwise deal in the Term Deposit/s.

7. I/We declare and agree that any further application for Term Deposit by me/us shall be made and/or deemed to be made in accordance with the currently applicable Important Information Guide.

8. I/We agree to the acceptance and processing of applications (except initial applications), sales, switches sent by facsimile and/or email and/or electronic instructions without subsequent written confirmation; I/we agree that Insignia Financial will not be held liable for any action taken following receipt of facsimile and/or email and/or electronic instructions and any loss caused.

9. I/We have read the data protection clause in the Application Notes and Insignia Financial Privacy and Cookie Notice, available online.

10. I/We undertake to immediately inform Insignia Financial when the person(s) designated as beneficial owners(s) change.

11. I/We hereby confirm that the information contained in the application form is complete and accurate and I/we hereby agree to forward any changes in my/our personal data as soon as possible. I/We hereby confirm acceptance to indemnify Insignia Financial or any other entity of Insignia Financial or any of their directors, officers, employees or agents for any damage, loss or other expenses they may incur in consequence of any wrong or misleading statement or omission.

12. I/We hereby authorise Insignia Financial, with registered office in Melbourne, Australia, to disclose to my/our financial adviser which name and address is mentioned in my/our application form, any information regarding my/our account (including my/our account statements) and discharge Insignia Financial of any liability in respect of such disclosure.

13. I/We individually accept the terms and conditions detailed in the Important Information Guide.

14. I/We acknowledge that the present application form as well as any transaction relating to Term Deposit of Insignia Financial are governed by and construed in accordance with the laws of Australia.

15. I/We accept to receive information on Insignia Financial products. Please email our subscriptions team if you do not wish to receive such information.

16. I/We undertake to advise Insignia Financial within 30 days of any change in circumstances which affects the Investor's tax residency status. I/We acknowledge that Insignia Financial may, in accordance with the Australia - U.S. Intergovernmental Agreement for tax compliance with FATCA, the EU Directive 2014/107/EU in relation to automatic exchange of financial information, and other International Tax Agreements concluded by the United Kingdom, communicate to the competent Australian tax authorities the registration details as stated above, including country of tax residence, Tax File Number, client reference numbers, account balances and payments made in relation to the account and including such details in relation to beneficial owners of the account. The Australian Tax Authorities may transfer this data automatically on an annual basis with the relevant tax authorities of the U.S., EU member states or other countries in accordance with International Tax Agreements.

17. I/We undertake to advise Insignia Financial within 30 days of any change in circumstances which affects the Investor's tax residency status.

SIGNATURE 1ST INVESTOR

* First & Last Name(s)

* Today's Date (DD/MM/YYYY)

* Signature

SIGNATURE 2nd INVESTOR

* First & Last Name(s)

* Today's Date (DD/MM/YYYY)

* Signature

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