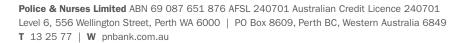
Account Authority Request Form





IMPORTANT THINGS YOU SHOULD KNOW

Operator no. ______ Officer's signature ___

You may nominate and authorise a Third Party to operate on your savings account(s). If the nominated party is **not** an existing Member of P&N Bank we will need to confirm their identity, and they will be required to become a Member of P&N Bank.

All transactions on your account authorised by the Third Party will be treated as having been authorised by you. You will be responsible

| _ | n Operation on a J | oint Account | | | | |
|--|-------------------------|---------------------|-------------------|------------------|-------------------|------------------|
| I/We | | M | lember Number(| s) | | |
| Nominate the following Method of Operation on Accoun | | | | | One to Sig | gn 🗌 Two to Sign |
| Adding or Changing | Authority on an A | ccount | | | | |
| I/We | | M | lember Number(| s) | | |
| nominate and authorise | the following auth | nority: | | | | |
| Third Party Details (full | name of Third Par | ty required) _ | | | | 0 |
| | | | | to opera | ate the following | savings accounts |
| | (residential addres | s required) | | | | |
| Account No. | Authority to Operate | Internet Banking | Card Access | One to Sign | Two to Sign | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| /We Request the removal of By signing below I confi | | as a | n authority to or | perate on the fo | ollowing account(| s): |
| reverse of this form. | | | | | | |
| х | | Name | Name Date | | | |
| X | | | | | | |
| | | | | | | |
| | | Name | | | Date | |
| Member's Signature | | Name _ | | | Date | |
| Member's Signature | | | | | | |
| Member's Signature X Member's Signature X | Signature | | | | | |
| Member's Signature X Member's Signature X | Signature | Name _ | | | Date | |
| Member's Signature X Member's Signature X Authorised Third Party S X Witness Signature | | Name _ | | | Date Date | |
| Member's Signature X Member's Signature X Authorised Third Party S X Witness Signature | Signature | Name _ | | | Date Date | |
| Member's Signature X Member's Signature X Authorised Third Party S X Witness Signature | | Name _ | | | Date Date | |

MS-150 (05/19)

PRIVACY STATEMENT AND CONSENT

You agree that personal information about you provided to us at any time in regard to a facility may be held and used by us to assess and process your request, execute your instructions, comply with legislative/regulatory requirements, and contact you if necessary to complete your request and advise you of other products/services that may be of interest to you (unless you ask us not to). When you give us personal information about another person you represent that you are authorised to do so and agree to inform the person who we are, that we will use and disclose the information for the relevant purpose set out above and that they can access the information we hold about them. We are required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to collect information to identify you, and or any nominated Third Party. Without your information we may not be able to process your request. You agree we may disclose personal information about you, as appropriate, to our related bodies corporate, agents, contractors and organisations for verifying your identity, your agents, law enforcement, regulatory and government bodies, payment systems operators, your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions. You may access information we hold about you at any time in accordance with the Privacy Act 1988 by calling 13 25 77.

DECLARATION

- 1. I/We authorise the above named Third Party to operate the account(s) specified above. I we acknowledge that this Authority extends to the Third Party accessing all available funds in the account.
- 2. I/ We are liable for all transactions on the account including those conducted by the above named Third party.
- 3. I/We can cancel this Authority at any time by notice to the Bank. When the Bank receives notice of cancellation the notice will be effective:
- a) In respect of future transactions and instructions by the Third Party on the account except for Debit Card transactions. I/We will continue to be liable for Debit Card transactions until the card is returned to the Bank or the Bank is satisfied that the card has been destroyed.
- b) Will have no effect on transactions and (such as a cheque drawn) and instructions given by the Third Party to the Bank (such as ongoing periodical payments and direct debit authorities) unless I/We give the Bank specific instructions to the contrary.
- 4. I/We confirm that the Bank may act upon this Authority until it has received my/our written instructions or until my/our death/s or impairment upon which this Authority ceases to have effect.
- 5. I/We acknowledge that the above named Third Party is obliged to advise the Bank as soon as is practicable of my/our death or impairment and agrees to do so by signing this Authority. I/We or my/our estates/s agree to indemnify the Bank against any loss, damage or penalty which the Bank may incur from the operation of this Authority.