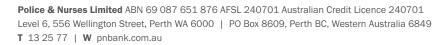
Account Authority Request Form





IMPORTANT THINGS YOU SHOULD KNOW

You may nominate and authorise a Third Party to operate on your savings account(s). If the nominated party is **not** an existing Customer 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 for these transactions.

Change of Method of Operation on a Joi	nt Account				
I/We	Memb	ber Number(s) _			
Nominate the following Method of Operation on Account			One to Sign Two to Sign		
Adding or Changing Authority on an Acc	count				
I/We	Memi	ber Number(s) _			
nominate and authorise the following author	ity:				
Third Party Details (full name of Third Party	required) of				
(residential address			to operate	the following sa	vings accounts:
	Authority	Internet		<u> </u>	<u> </u>
Account No.	to Operate	Banking	Card Access	One to Sign	Two to Sign
Internet Banking Access					
I authorise the above named "Third Party" to	have Internet Ban	king access to o	perate my/our a	ccounts as note	d above.
Card Access					
I authorise the above named "Third Party" to	have Visa Debit Ca	ard access to op	perate my/our ac	counts as noted	above.
Removing Authority on an Account					
I/We					
Member RIM Number(s)					
Request the removal of					
as an authority to operate on the following a	ccount(s):				
Account No.					

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

OFFICE USE ONLY

Authority loaded

Operator no.

AML/CTF check for Nominee

- 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.

By signing below I confirm that I have read and understood the Privacy Statement, Consent and Declaration. X Date _____ Name Member's Signature X Name Date ___ Member's Signature X Date __ Name Authorised Third Party Signature X Date _____ Name Witness Signature

Card ordered (if applicable)

Officer's signature

Internet Banking established (if applicable)