Power of Attorney Form

In this document, "the bank", "we", "us" and "our" means Teachers Mutual Bank Limited and "you" means: The Account Holder, and the Attorney under a Power of Attorney.

A power of attorney is a document that gives another adult person legal authority to act on your behalf.

By completing this form:

- You, as the Account Holder are authorising your attorney to operate your account(s) as indicated by you below. You should note that, subject to any limitations you may have imposed, your attorney will be able to do anything you can do in relation to dealing with your assets and financial affairs. If you have granted an Enduring Power of Attorney, the attorney may continue to transact on your accounts even if you subsequently lose capacity. You must tell us immediately if you decide to cancel or limit the Power in any way.
- You, as the Attorney, agree to be appointed as the authorised person to operate the Account(s) on behalf of the Account Holder below.
- If the Account Holder is unable to sign this form due to loss of capacity, a valid Enduring Power of Attorney, and supporting documentation confirming the loss of capacity such as a current signed letter from a qualified medical practitioner or care facility must be provided.

Please return this completed form with a certified copy of the original Power of Attorney document. Please see end of this form for a list of acceptable certifiers. Note if attorney/s have been appointed jointly, EACH attorney should complete this form.

Mandatory fields are marked by an asterisk.

PART A

Type of Power of attorney ☐ General ☐ Cease Date ☐ Enduring

What are the Account holder's details?

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no.*

Given names* | Surname*

Date of birth | Country of birth* | Countries of citizenship*

Occupation*

Address*

Postal address (if different from residential address)

Home phone | Work phone | Mobile phone

Email | Verbal Password*

Access facilities for attorney

What access methods may the attorney have?

☐ Tick here to give permission to issue an additional Visa Debit card to the authorised signatory(s).

- Visa Debit card access is not permitted if the signatories are to act jointly.
- Internet and Mobile banking will be provided to the new authorised signatory(s). We will contact them regarding how to acitvate these services.

Card acknowledgment and agreement

By signing below you acknowledge as the account holder you have read and agreed to the conditions below:

- You acknowledge that the additional card, when signed by the person to whom it is issued, shall be subject to the Conditions of Use – **Accounts and access** and may be used on your Visa card account(s) as though it were your Visa card and its use will bind you accordingly.
- You may cancel an additional card by giving written notice to the Bank. However, you remain liable for any money that the additional cardholder withdraws using the additional card even after you cancel the card. You must surrender the subsidiary card to the Bank before cancellation becomes effective.

Refer to the **Fees and charges brochure** for details on fees and charges.

Signature of account holder

Signature of member | Date

PART B

Attorney 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no.*

Given names* | Surname*

Date of birth | Country of birth* | Countries of citizenship*

Occupation*

Address*

Postal address (if different from residential address)

Home phone | Work phone | Mobile phone

Email | Verbal Password*

If the attorney is not a member of the bank please complete additional details below so we can verify your identity electronically

Date of birth

Driver licence details:

Full name as shown on Driver licence.

Licence no. | State of issue | Licence card no.

Passport details:

Passport no. | Issuing country | Full name as shown on passport

Medicare details:

Medicare no. | Individual Reference no. | Medicare expiry date

Attorney 1 Financial Details (Optional)

By confirming your financial details, you are helping us to meet our legal obligations under the 'Know Your Customer' (KYC) requirements. These requirements help us protect your account(s).

Employment Status – Please select the employment status that reflects your current situation.

☐ Self-employed ☐ Employed ☐ Unemployed ☐ Student
☐ Stay-at-home-parent ☐ Retired ☐ Not seeking employment ☐ Pensioner

Source of wealth – What is the main source of savings or investments? (Please select one option)

☐ Business profits ☐ Dividends and returns ☐ Donations ☐ Employment income
☐ Funds from council ☐ Funds from government ☐ Funds from state ☐ Gifts
☐ Inheritance ☐ Investment income ☐ Property sales ☐ Trust funds
☐ Lottery or gambling winnings ☐ Pension or retirement funds

Source of funds – Where does the majority of money entering your account(s) come from? (Please select one option)

☐ Business profits ☐ Dividends and returns ☐ Employment income ☐ Gifts
☐ Inheritance ☐ Investment income ☐ Loans ☐ Rental income
☐ Sales of assets ☐ Savings ☐ Funds from government ☐ Pension
☐ Retirement funds

Reason for banking with us – What is the main reason for banking with us?

☐ Transactional ☐ Savings ☐ Short-term borrowing ☐ Investment

Attorney to read and sign below

By signing below you as the attorney declare that:

a) you are the attorney nominated as such identified in the Power of Attorney made by the above account holder;

b) you are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf;

c) you have not received notice of revocation of the Power of Attorney and you make these declarations at the time of signing this form and each time you operate, access or conduct any activity in relation to the Account Holder's account;

d) you undertake to advise us immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;

e) you are at least 18, not insolvent under adminstration, have not been convicted or found guilty of an offense involving dishonesty;

f) to the best of your knowledge the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements;

g) I am authorised to provide the personal details presented and consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of verifying my identity.

Signature of Attorney 1

Signature of attorney 1	Date

Attorney 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no.*

Given names* | Surname*

Date of birth | Country of birth* | Countries of citizenship*

Occupation*

Address*

Postal address (if different from residential address)

Home phone | Work phone | Mobile phone

Email | Verbal Password*

If the attorney is not a member of the bank please complete additional details below so we can verify your identity electronically

Date of birth

Driver licence details:

Full name as shown on Driver licence.

Licence no. | State of issue | Licence card no.

Passport details:

Passport no. | Issuing country | Full name as shown on passport

Medicare details:

Medicare no. | Individual Reference no. | Medicare expiry date

Attorney 2 Financial details (Optional)

By confirming your financial details, you are helping us to meet our legal obligations under the 'Know Your Customer' (KYC) requirements. These requirements help us protect your account(s).

Employment Status – Please select the employment status that reflects your current situation.

☐ Self-employed ☐ Employed ☐ Unemployed ☐ Student

☐ Stay-at-home-parent ☐ Retired ☐ Not seeking employment ☐ Pensioner

Source of wealth – What is the main source of savings or investments? (Please select one option)

☐ Business profits ☐ Dividends and returns ☐ Donations ☐ Employment income

☐ Funds from council ☐ Funds from government ☐ Funds from state ☐ Gifts

☐ Inheritance ☐ Investment income ☐ Property sales ☐ Trust funds

☐ Lottery or gambling winnings ☐ Pension or retirement funds

Source of funds – Where does the majority of money entering your account(s) come from? (Please select one option)

- ☐ Business profits
- ☐ Dividends and returns
- ☐ Employment income
- ☐ Gifts
- ☐ Inheritance
- ☐ Investment income
- ☐ Loans
- ☐ Rental income
- ☐ Sales of assets
- ☐ Savings
- ☐ Funds from government
- ☐ Pension
- ☐ Retirement funds

Reason for banking with us – What is the main reason for banking with us?

- ☐ Transactional
- ☐ Savings
- ☐ Short-term borrowing
- ☐ Investment

Attorney to read and sign below

By signing below you as the attorney declare that:

a) you are the attorney nominated as such identified in the Power of Attorney made by the above account holder;

b) you are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf;

c) you have not received notice of revocation of the Power of Attorney and you make these declarations at the time of signing this form and each time you operate, access or conduct any activity in relation to the Account Holder's account;

d) you undertake to advise us immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;

e) you are at least 18, not insolvent under adminstration, have not been convicted or found guilty of an offense involving dishonesty;

f) to the best of your knowledge the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements;

g) you declare that the personal information provided above is true and correct and you authorise us to verify this information electronically;

h) I am authorised to provide the personal details presented and consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of verifying my identity.

Signature of Attorney 2

Signature of attorney 2	Date

Attorney 3

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no.*

Given names* | Surname*

Date of birth | Country of birth* | Countries of citizenship*

Occupation*

Address*

Postal address (if different from residential address)

Home phone | Work phone | Mobile phone

Email | Verbal Password*

If the attorney is not a member of the bank please complete additional details below so we can verify your identity electronically

Date of birth

Driver licence details:

Full name as shown on Driver licence.

Licence no. | State of issue | Licence card no.

Passport details:

Passport no. | Issuing country | Full name as shown on passport

Medicare details:

Medicare no. | Individual Reference no. | Medicare expiry date

Attorney 3 Financial details (Optional)

By confirming your financial details, you are helping us to meet our legal obligations under the 'Know Your Customer' (KYC) requirements. These requirements help us protect your account(s).

Employment Status – Please select the employment status that reflects your current situation.

- ☐ Self-employed
- ☐ Employed
- ☐ Unemployed
- ☐ Student
- ☐ Stay-at-home-parent
- ☐ Retired
- ☐ Not seeking employment
- ☐ Pensioner

Source of wealth – What is the main source of savings or investments? (Please select one option)

- ☐ Business profits
- ☐ Dividends and returns
- ☐ Donations
- ☐ Employment income
- ☐ Funds from council
- ☐ Funds from government
- ☐ Funds from state
- ☐ Gifts
- ☐ Inheritance
- ☐ Investment income
- ☐ Property sales
- ☐ Trust funds
- ☐ Lottery or gambling winnings
- ☐ Pension or retirement funds

Source of funds – Where does the majority of money entering your account(s) come from? (Please select one option)

- ☐ Business profits
- ☐ Dividends and returns
- ☐ Employment income
- ☐ Gifts
- ☐ Inheritance
- ☐ Investment income
- ☐ Loans
- ☐ Rental income
- ☐ Sales of assets
- ☐ Savings
- ☐ Funds from government
- ☐ Pension
- ☐ Retirement funds

Reason for banking with us – What is the main reason for banking with us?

- ☐ Transactional
- ☐ Savings
- ☐ Short-term borrowing
- ☐ Investment

Attorney to read and sign below

By signing below you as the attorney declare that:

a) you are the attorney nominated as such identified in the Power of Attorney made by the above account holder;

b) you are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf;

c) you have not received notice of revocation of the Power of Attorney and you make these declarations at the time of signing this form and each time you operate, access or conduct any activity in relation to the Account Holder's account;

d) you undertake to advise us immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;

e) you are at least 18, not insolvent under adminstration, have not been convicted or found guilty of an offense involving dishonesty;

f) to the best of your knowledge the Power of Attorney was entered into, signed and witnessed in accordance with the applicable legal requirements;

g) you declare that the personal information provided above is true and correct and you authorise us to verify this information electronically;

h) I am authorised to provide the personal details presented and consent to my information being checked with the document issuer or official record holder via third-party systems for the purpose of verifying my identity.

Signature of Attorney 3

Signature of attorney 3	Date

Acceptable certifiers

1. Teacher employed on a full time basis at a school or tertiary education institution
2. Justice of the Peace
3. Permanent employee of Australia Post with 2 or more years of continuous service
4. Legal practitioner (eg solicitor or barrister)
5. Police officer
6. Pharmacist
7. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
8. Permanent employee of the Commonwealth or of a State or Territory or a Local Government authority with 2 or more years of continuous service
9. Finance company officer, a bank, credit union or building society officer, with 2 or more years of continuous service
10. Member of the Commonwealth, State or Territory Parliaments or a Local Government authority of a State or Territory
11. Magistrate, judge of a court or chief executive officer of a Commonwealth Court
12. Clerk, registrar or deputy registrar of a court.
13. Australian notary public if overseas.

The certifier must ensure all documents are current and the first page of the copy has been certified with words like 'This is a true copy of the original document before me' followed by the certifiers signature, full name, position and date. All subsequent pages have been initialled.

Supporting documentation checklist

- ☐ Power of Attorney form is fully completed, signed and dated.
- ☐ A medical letter is provided where the member is unable to sign or lacks mental capacity.
- ☐ A certified true copy of Enduring Power of Attorney has been provided and verified by an acceptable certifier.

or

- ☐ A certified true copy of General Power of Attorney has been provided and verified by an acceptable certifier.

Privacy Notice

Collecting personal information about you
Generally, we collect personal information directly from you. We do so when you open a membership, open an account, or perform a transaction with us.

We collect, use, hold and disclose personal information about you so that we can:

- establish your identity as required by the *Anti-Money Laundering and Counter Terrorism Financing Act*
- assess your eligibility for membership
- process applications for products and services, including loans
- assess applications at an application level, including where information about other individuals (such as a spouse or partner) is required to assess financial capacity, eligibility or program requirements
- manage our risks and help identify and investigate inappropriate and illegal activity, such as fraud
- support your participation in government programs or schemes (such as Housing Australia)
- comply with our legal obligations (including to assist law enforcement agencies or regulators where we are required to do so)
- inform you about products or services that we think maybe of interest to you, including those of our business partners.

What happens if you do not provide us with sufficient personal information about you?
If you do not provide us with the personal information we need, we may not be able to provide you with the products or services you are seeking.

To whom do we disclose personal information?
The types of people and entities we disclose personal information about you to include:

- people and entities with whom we have outsourcing or service arrangements, including statement production and delivery, card production, identity confirmation and verification, loan origination, verifying loan applications, auto credit decisioning, payment processing and systems, banking services, data and transaction processing, information technology support, document storage, legal and accounting services
- brokers, agents and advisers acting for you
- lenders' mortgage insurers and valuers
- persons and organisations who assist us in monitoring recorded calls for the purposes of quality assurance, training and acknowledgement
- our auditors, insurers and re-insurers
- employers or former employers (to verify employment in the case of loan applications)
- government and law enforcement agencies or regulators
- government program administrators (such as Housing Australia) where you participate in those programs
- credit reporting bodies and other credit providers
- organisations that help identify and investigate inappropriate or illegal activity, such as fraud and
- Consumer Data Right accredited data recipients where you have consented to the accredited data recipient collecting the personal information from us and we disclosing the personal information to the accredited data recipient (see our *Consumer Data Right Policy* which is available on our website and on request for more information).

Electronic verification of identity

- **Section A**

  We are required under the Anti-Money Laundering and Counter-Terrorism Financing Act to collect and verify information relating to your identity. Subject to your consent, we will disclose your name, address and date of birth in order to access identification information electronically held by credit reporting bodies, the government's Documentation Verification Service (DVS)[1] and other public records.

  To access such information, we use a service provider registered under the DVS. The service provider, may, for verification purposes on our behalf:

  - request that a credit reporting body provide us with an assessment as to whether your personal information matches that held in their credit information files. (In preparing this assessment, the credit reporting body may use the personal information of other individuals);
  - disclose your personal information to the DVS;
  - search other public records.

1 The DVS is a national online system that allows personal identifying information about individuals to be compared against government records. Your information will be matched against that held by the relevant government department or agency. You can find out more about the DVS on their website.

- **Section B**

  We are also required under the State based real property laws to collect personal information and verify the identity of mortgagors for mortgages (VOI). These laws are: the Electronic Conveyancing (Adoption of National Law) Act 2012 (NSW), Electronic Conveyancing (Adoption of National Law) Act 2013 (Victoria), Electronic Conveyancing National Law (Queensland) Act 2013 (Queensland), Electronic Conveyancing Act 2014 (Western Australia), Electronic Conveyancing National Law (South Australia) Act 2013 (South Australia), Electronic Conveyancing (Adoption of National Law) Act 2013 (Tasmania), Electronic Conveyancing (National Uniform Legislation) Act 2013 (Northern Territory) and Electronic Conveyancing National Law (ACT) Act 2020 (Australian Capital Territory).

  In this sub-section, "you" or "your" mean the proposed mortgagor(s). Subject to your consent, our identity verification is performed by a service provider, OCR Labs Pty Ltd (ACN 603 823 276) trading as IDVerse. To verify your identity, information about you, including data from your identity document(s), your biometric data and information about your device and location will be provided to IDVerse. For further details about how IDVerse may collect, hold, use or disclose your personal and sensitive information please refer to IDVerse's privacy policy.

If you do not consent to these processes, alternative forms of verifying your identity are available on request.

If we are unable to verify your identity using the above methods, you will be provided with a notice to that effect. You may then be asked to provide further evidence of your identity. If we are unable to verify your identity to our satisfaction, we will not be able to admit you to membership or provide you with the services or products you seek.

Our Privacy and Credit Reporting Policy

Our Privacy and Credit Reporting Policy is available on our website. It contains information about:

- how we collect, use, hold and disclose your personal information
- how you can access personal information about you
- how you can seek correction of that personal information
- how you may complain if you think we may have breached your privacy
- how we will deal with your complaint and
- how we manage credit information.

Sending information overseas

Depending on our commercial arrangements, we may disclose personal information about you to business partners with operations overseas or who store personal information overseas (e.g. providers of Lenders' Mortgage Insurance ("LMI").

How to contact us

If you have any queries regarding privacy, use any of the methods set out below:

Teachers Mutual Bank Limited

Phone: **1800 862 265**

Email: **privacy@tmbl.com.au**

Post: GPO Box 5313, Sydney NSW 2001

OP00996-TMBL-0726

Office use only

Operator no

Date actioned

Sig verified by

Returning this form

Please return this form along with an original certified true copy of the Power of Attorney document.

Email to: **mso@tmbl.com.au**

Post to: **Reply Paid GPO BOX 5313 Sydney NSW 2001**