

IMPORTANT INFORMATION: This form is used to add signatories or enquirers on your account.
 If you select "Additional Signatories", we will add the signatories you list to the existing signatories on your account.

Complete each this form using **BLOCK** letters.

STEP 1: PERSONAL INDIVIDUAL/JOINT ACCOUNT INFORMATION

PLEASE PROVIDE REQUESTED ACCOUNT INFORMATION IN THE FIELDS BELOW. ALL FIELDS NEED TO BE COMPLETED.

ACCOUNT NAME	CLIENT NUMBER
<input style="width:95%;" type="text"/>	<input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/> <input style="width:50px;" type="text"/>
PRINCIPAL ADDRESS	
<input style="width:95%;" type="text"/>	STATE <input style="width:100px;" type="text"/> POSTCODE <input style="width:100px;" type="text"/>
POSTAL ADDRESS (WRITE 'AS ABOVE' IF SAME)	
<input style="width:95%;" type="text"/>	STATE <input style="width:100px;" type="text"/> POSTCODE <input style="width:100px;" type="text"/>

STEP 2: ACCOUNT CHANGES

ADD OR CHANGE?	METHOD OF ACCOUNT OPERATION	PRINCIPAL CONTACT
<input type="checkbox"/> Additional signatories	<input type="checkbox"/> Only one signature required	NAME <input style="width:95%;" type="text"/>
<input type="checkbox"/> Replace existing signatories	<input type="checkbox"/> Any two of us may operate the account	TELEPHONE <input style="width:95%;" type="text"/>
	<input type="checkbox"/> All are required to sign	FAX <input style="width:95%;" type="text"/>
APPLY CHANGES TO:		
<input type="checkbox"/> One account: S/I <input style="width:30px;" type="text"/> · <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input type="checkbox"/> All Accounts <input type="checkbox"/> The following accounts:		

STEP 3: DETAILS OF SIGNATORY / INVESTOR / ENQUIRER

PLEASE HAVE EACH SIGNATORY AND/OR ENQUIRER PROVIDE REQUESTED INFORMATION BELOW.

1. FULL NAME: <input style="width:95%;" type="text"/>	Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	
2. FULL NAME: <input style="width:95%;" type="text"/>	
Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire	
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	
3. FULL NAME: <input style="width:95%;" type="text"/>	
Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire	
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	
4. FULL NAME: <input style="width:95%;" type="text"/>	
Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire	
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	
5. FULL NAME: <input style="width:95%;" type="text"/>	
Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire	
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	
6. FULL NAME: <input style="width:95%;" type="text"/>	
Authorised to: <input type="checkbox"/> Operate <input type="checkbox"/> Enquire	
DATE OF BIRTH <input style="width:150px;" type="text"/>	GIA ON-LINE: <input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> N/A EMAIL <input style="width:150px;" type="text"/>
<input type="checkbox"/> NEW SIGNATORY - Please submit a Signatory Identification Form <input type="checkbox"/> EXISTING SIGNATORY CLIENT NUMBER <input style="width:100px;" type="text"/>	

STEP 4: SIGNATURE OF AUTHORISING PERSON

I/We acknowledge that as set out in more detail in the offer document;

- a) Glebe Income Accounts are not subject to the usual requirements of the Corporations Act 2001 (Cth).
- b) The Glebe Administration Board is not an authorised deposit-taking institution under the Banking Act 1959 (Cth) nor subject to prudential supervision by the Australian Prudential Regulation Authority.
- c) Investors in Glebe Income Accounts do not have the right to priority of repayment that is conferred on depositors with authorised deposit-taking institutions by section 13A of the Banking Act; and
- d) in applying for Glebe Income Accounts I / we wish to support the activities of the Anglican Church.

Facsimile & Email Indemnity

Yes, I/We would like to communicate with Glebe Income Accounts via Facsimile and/or email.

I/We agree to indemnify Glebe Income Accounts and I/We will not hold them accountable in relation to any loss I/We may suffer or any claim that may be made against Glebe Income Accounts if Glebe Income Accounts:

- Act on any facsimile or email instructions, whether or not the facsimile or email is authorised by me/us;
- Fail to act, or fail to act immediately, on any facsimile or email instruction for any reason.

AUTHORISED PERSON - **SIGN BELOW**

PRINT NAME

DATE: / /

AUTHORISED PERSON - **SIGN BELOW**

PRINT NAME

DATE: / /

If signed under Power of Attorney, the donee states no notice of revocation has been received.

CHECKLIST :

ACCOUNT CHECKLIST:

- Have all details been supplied in Step 1?
- Have you indicated the action required & listed accounts in Step 2?

SIGNATORY CHECKLIST:

- Have you selected the Authorisation level (Operate/Enquire) for each signatory or enquirer?
- Have all new signatories enclosed a completed Signatory Identification form with identification document copies?
- Have any contact details changed for existing signatories? Please have individual signatories provide us with their new contact details.