

Additional Signatory Application Form

National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") is the issuer of Citi branded financial products. NAB has acquired the business relating to these products from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian credit licence 238098) ("Citi") and has appointed Citi to provide transitional services.

Our/us/we means NAB unless the context otherwise requires it.

"Citi", "Citibank", "Citigroup", the Arc design and all similar trade marks and derivations thereof are used temporarily under licence by NAB from Citigroup Inc. and related group entities.

NAB is an Authorised Deposit-taking Institution ("ADI"). Under the Australian Government's Financial Claims Scheme your deposits with NAB (including under these Citi branded accounts) may be guaranteed up to \$250,000 per account holder per ADI. Citi holds no deposits. The Scheme does not apply to your non-AUD deposits.

To add a signatory to your account(s) follow the steps below:

Instructions to Customers:

- 1) Complete "Additional Signatory Form", "Signature Card" and "Identity Verification Request".
- 2) Have your identification documents verified at your nearest Australia Post Office using the Identity Verification Request section.
- 3) Both Account holder and the additional signatory to sign the Signature Card.
- 4) Return all the above via mail to: **Wealth Management Operations, GPO Box 3483, Sydney NSW 2001.**

1. Personal Details Additional Signatory Application 1	5. Personal Details Additional Signatory Application 2
Are you an existing customer? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide account below)	Are you an existing customer? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide account below)
Title <input type="text"/> Surname <input type="text"/>	Title <input type="text"/> Surname <input type="text"/>
Given Names <input type="text"/>	Given Names <input type="text"/>
Date of Birth <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden Name <input type="text"/>	Mother's Maiden Name <input type="text"/>
Nationality <input type="text"/>	Nationality <input type="text"/>
Current Residential Address	Current Residential Address
Unit No. <input type="text"/> Street No. <input type="text"/> Street <input type="text"/>	Unit No. <input type="text"/> Street No. <input type="text"/> Street <input type="text"/>
Town/City/Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>	Town/City/Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Postal Address (if different from above)	Postal Address (if different from above)
Unit No. <input type="text"/> Street No. <input type="text"/> Street <input type="text"/>	Unit No. <input type="text"/> Street No. <input type="text"/> Street <input type="text"/>
Town/City/Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>	Town/City/Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Do you or an immediate family member hold a Public Office Position? (e.g. politician or diplomatic position)	Do you or an immediate family member hold a Public Office Position? (e.g. politician or diplomatic position)
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify Public Office Position below)	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify Public Office Position below)
By signing this form you confirm that you have, or you will, inform any member of your family referred to above of the information about him or her provided by you to NAB on this application form.	By signing this form you confirm that you have, or you will, inform any member of your family referred to above of the information about him or her provided by you to NAB on this application form.
2. Contact Details	6. Contact Details
Home Phone No. <input type="text"/> Work Phone No. <input type="text"/>	Home Phone No. <input type="text"/> Work Phone No. <input type="text"/>
() <input type="text"/> () <input type="text"/>	() <input type="text"/> () <input type="text"/>
Mobile Phone No. <input type="text"/>	Mobile Phone No. <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
3. Employment Information	7. Employment Information
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed
Occupation <input type="text"/>	Occupation <input type="text"/>
Employer <input type="text"/>	Employer <input type="text"/>
4. Do you require: (Not applicable if the authority is 2 to sign)	8. Do you require: (Not applicable if the authority is 2 to sign)
Tick only one option	Tick only one option
Citi branded Debit Card issued by NAB <input type="checkbox"/> Yes <input type="checkbox"/> No	Citi branded Debit Card issued by NAB <input type="checkbox"/> Yes <input type="checkbox"/> No
Link to account <input type="text"/>	Link to account <input type="text"/>

9. Account Type

Account title Date

Account Number

I/We authorise and direct that the account listed above only; or the account listed above and each of all the future accounts

Will be operated in the following manner:

ADDITIONAL SIGNATORIES:

The following additional person(s) are authorised to operate the account in all respects as if they were an "account holder". However, this authority does not extend to the additional signatory(ies) amending or revoking this authority or authorising other persons to operate on this account.

FULL NAME (Surname first then given names)	SIGNATURE
<i>Additional signatories to complete</i>	

10. Method of Operation

NAB are only permitted to act upon the instructions of the person(s) authorised to operate the account where the instructions have been received from the following number of authorised person(s)

One signature required Two signatures required Three signatures required

Other (please specify)

DURATION OF AUTHORITY:

This authority commences immediately and revokes any previous Authorities on this account. This Authority shall continue until NAB receives written notice from one or more of the account holders revoking this Authority

LIABILITY:

The account holder(s) shall be solely responsible to NAB (on a joint and several basis where a joint account) for all liability incurred on or in respect of the account, including any liability which arises from or to NAB in accordance with this Authority.

SIGNED BY THE ACCOUNT HOLDERS:

BEFORE SIGNING THIS AUTHORITY, please ensure that all alterations have been initialled and blank spaces ruled through with a diagonal line. Where the account holder is a Company, Society or Association and this Authority is signed by one or more officers of that Company, Society or Association, then such Persons warrant that they are duly authorised by the account holder to sign this authority on its behalf.

FULL NAME (Surname first then given names)	OFFICIAL POSITION (For non-personal accounts only)	SIGNATURE
<i>Account holders to complete</i>		

11. BRANCH USE ONLY - MANDATORY

BDO Code - -

Additional Signatory Applicant 1 GRBS Customer Occupation Code (obtain from CDD form)

Additional Signatory Applicant 2 GRBS Customer Occupation Code (obtain from CDD form)

Application Maker (signature and stamp)

Date

Application Checker (signature and stamp)

Date

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*4070 105 02 A Enter Application Reference Number shown below

National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB") is the credit provider and issuer of Citi branded financial and credit products. NAB has acquired the business relating to these products from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to distribute and assist to administer the products. Our/us/we means NAB unless the context otherwise requires it.



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Identity Verification Request

Application Reference Number:

Title Family Name

Given Name/s

Date of Birth / / Contact Number

Permanent Residential Address (PO Box or temporary addresses, i.e. Hotels, are NOT accepted)

Unit Number/Street Number (please leave gaps between numbers and words)

Street Name

Suburb

State

Postcode

Thank you for submitting an application. It is a legislative requirement that you complete an identity verification check before we can open your account.

Identification Documents Requirements

1. You MUST provide ONE Primary Photographic and ONE Secondary Identification document from the lists below. Both documents MUST contain your FULL name as completed above.
2. All addresses MUST be permanent residential (not PO Box) and MUST match the address as completed above.
3. All identification documents MUST be current and originals (photocopies or internet printouts are not acceptable forms of identification).
4. Original identification documents MUST be presented with this document at any participating Australia Post Bank@Post outlet. To find your nearest outlet, please call 13 13 18 or go to www.auspost.com.au/pol/app/locate and select **Bank@Post**.

Primary Identification Documents	Secondary Identification Documents
<ul style="list-style-type: none"> • Current Australian passport with photo and signature • Current driver's licence with photo and signature (Australia and Foreign Issued), must include name and date of birth and government ID number • Current Australian proof of identity/age/birth card with photo and signature (Australian only), must include name, date of birth and government issued ID number • For non-residents a valid current international passport with photo and signature 	<ul style="list-style-type: none"> • Utility bill with name and address of the customer (e.g. water, electricity, gas) issued within the preceding 3 months • Telephone landline (not mobile) bill with name and address of the customer issued within the preceding 3 months • Council rates notice with name and address of the customer issued within the preceding 3 months • Australian Taxation Office (ATO) Notice of Assessment with name and address of the customer issued within the preceding 12 months • Centrelink Health Care Card • Centrelink Pensioner Concession Card • Centrelink Commonwealth Seniors Health Card

Australia Post - Instructions

1. Scan barcode into EPOS or manually enter the 16 digit Application Reference Number
2. Verify the applicant's identity against the acceptable identification documents and record details in ID Wizard
3. At the end of the verification process, return this letter and the receipt to the applicant

Disclaimer and Privacy Notice

Australia Post is acting as an agent for NAB and collects your information to identify you in accordance with requirements under Australian law. Your details will be forwarded to NAB (via Citi as a trusted service provider) and may also be disclosed to government agencies such as AUSTRAC. Subject to certain exceptions you may request from Australia Post access to your personal information that it holds. If access is denied, the law says Australia Post must tell you why. Citi and NAB each have a privacy policy that covers the management and handling of your data and personal information. For Citi's Privacy Policy please visit citibank.com.au/privacy-policy and for NAB's Privacy Policy visit nab.com.au/common/privacy-policy.

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