

Application Form

Notice Investment and Term Investments



Section 1. Investor Details

Investor Type - please select

Individual/ Joint	Sole Trader	Partnerships	Company	Self Managed Super Fund
Association	Not For Profit	Trust	Sole Director Company	

ACC Associated (if applicable):

ACC Church	ACC Office or Ministry	Accredited ACC Pastor
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Full Investor Name(s)

Preferred/Trading Name (if applicable)

ABN/ACN/ARBN (if applicable)

TFN or exemption category*

Contact Person

Email**

Phone (BH) Please include Area Code

Mobile

Fax Please include Area Code

Residential Address (personal) / Registered Address (business)

Suburb

State

Postcode

Postal Address (if different to Residential/Registered Address)

Suburb

State

Postcode

For Individual Investors

Employer/Occupation if Self Employed

Salary	\$0 - \$50,000	\$50,000 - \$100,000	\$100,000 +
	Retired	Prefer not to disclose	

*Providing your TFN is not compulsory, however, if not supplied, we may deduct tax from interest earned at the highest marginal tax rate plus the Medicare levy.

**By providing your email address, you agree to receive some communications in relation to your investment electronically. You can change this at any time by writing to us as per details above.

Notes

- If more room is required on any section of this form, please photocopy the appropriate page, and attach.
- If you are seeking to open more than one investment with this Application Form, please call 1800 646 777 to discuss how you can complete Section 2.
- If you are a Company Trustee, please photocopy Section 1 and also provide details of the Trust, and attach.

Section 2. Investment

(A) Investment Type and Amount (please tick either Notice Investment AND/OR Term Investment)

Notice Investment

Amount \$

Directions for Interest Payments

Reinvest interest

Pay to Nominated Bank Account

Forgo interest¹

Term Investment

Amount \$

Term selection² months

Directions for Interest Payments³

Quarterly (ALL 6 month Investment terms will be paid quarterly)

Monthly (ONLY available for Investment terms of 12 months or greater)

Pay into a new Notice Investment, with interest reinvesting (as above selection)

Pay into an existing Notice Investment. Investment #

Pay into Nominated Bank Account

Forgo interest¹

¹ Investors wishing to maximise the benefit of their investment to ACC may choose to forgo their right to interest payments on that investment and have it paid instead to ACC. Refer to ACC ACCumulator Investor Guide and Terms & Conditions for more information.

² See ACC ACCumulator Schedule of Standard Interest Rates for terms available, or call us to confirm.

³ If you don't tick a box, interest will be paid to a Notice Investment, with interest reinvesting, in the name of your investment.

(B) Method of Initial Payment

Electronic Funds Transfer (EFT) *

Amount \$

In person at any CBA branch *

Transfer Funds from existing Notice Investment. Investment # Amount \$

* Please note that bank account details for your deposit will be provided once the application form has been accepted and processed.

*NOTE: For any redemptions, 31 days minimum notice is required

Please select: 31 days from receipt of this form

Specific date for transfer to occur / /

Source of Funds

Savings Gifts Donations
Fundraising Superannuation Other (please specify)

Reason for Investing in Accumulator

(C) Nominated bank account* for redemptions, and interest payments (if applicable)

Financial Institution BSB Account Number

Account Name

*Your nominated bank account for redemptions (minimum \$1,000), and interest payments (if applicable), MUST be in the same name as your investment.

Section 3. Who Are Your Signatories?

Do you, any members of your immediate family or a *close associate, hold a Public or Politically exposed position.

<input type="checkbox"/> Yes (if yes please specify)	<input type="checkbox"/> No		
Name	Position	Organisation	
Name	Position	Organisation	

*Close associate means a person who has joint beneficial ownership of a legal entity with that person, or sole beneficial ownership of an entity that exists for the benefit of that person.

Please select this check box if new signatories below are to be applied to all investments held in the same name.

What are your signing parameters for future redemptions/changes?

Any two to sign
 Any two to sign with minimum of one authorised signatory
 Other (please specify)

IMPORTANT: If you do not state your signing parameters in the space above, we will use the number of people appropriate to your "Investor Type" in the prior table (with the exception of Association/Not For Profit entities, in which we will apply 'Any two to sign').

If you require more than four signatory areas below, please copy this page and attach to form.

Signatory (1)	Authorised signatory OR	Additional signatory	ACC Affiliate (refer to definitions, page 11 of Investor Guide)
Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A.			
Full Name			
Residential Address			
Suburb		State	Postcode
Date of Birth (DD/MM/YYYY)	Residential Phone Please include Area Code	Mobile	
/ /			
I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal information provided is true and correct. I have full power and authority to operate the ACC ACCumulator investment on behalf of this investor.			
Signature		Date (DD/MM/YYYY)	
		/ /	

Signatory (2)	Authorised signatory OR	Additional signatory	ACC Affiliate (refer to definitions, page 11 of Investor Guide)
Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A.			
Full Name			
Residential Address			
Suburb		State	Postcode
Date of Birth (DD/MM/YYYY)	Residential Phone Please include Area Code	Mobile	
/ /			
I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal information provided is true and correct. I have full power and authority to operate the ACC ACCumulator investment on behalf of this investor.			
Signature		Date (DD/MM/YYYY)	
		/ /	

Section 3. Who Are Your Signatories? (cont.)

Signatory (3)	Authorised signatory OR	Additional signatory	ACC Affiliate (refer to definitions, page 11 of Investor Guide)	
Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A.				
Full Name				
Residential Address				
Suburb		State		Postcode
Date of Birth (DD/MM/YYYY)	Residential Phone Please include Area Code		Mobile	
/ /				
I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal information provided is true and correct. I have full power and authority to operate the ACC ACCumulator investment on behalf of this investor.				
Signature		Date (DD/MM/YYYY)		
/ /		/ /		

Signatory (4)	Authorised signatory OR	Additional signatory	ACC Affiliate (refer to definitions, page 11 of Investor Guide)	
Capacity eg. individual/director/trustee/board member/treasurer/administrator/P.O.A.				
Full Name				
Residential Address				
Suburb		State		Postcode
Date of Birth (DD/MM/YYYY)	Residential Phone Please include Area Code		Mobile	
/ /				
I agree to be bound by the ACC ACCumulator Terms & Conditions, and declare that my personal information provided is true and correct. I have full power and authority to operate the ACC ACCumulator investment on behalf of this investor.				
Signature		Date (DD/MM/YYYY)		
/ /		/ /		

Who is considered an Authorised Signatory?

Transactions, and changes to investments and contact details, requires sign-off. Depending on your 'Investor Type', the corresponding persons considered an 'Authorised' Signatory in the table below can sign formal investment documents. There may be exceptions to the table below. If so, please note that we may contact you to request further information.

Investor Type	Who is considered an 'Authorised' Signatory?
Individual	Individual OR both individuals for a joint investment
Sole Trader	Owner of the business
Partnerships	Minimum of two partners, one must be the managing partner
Company	Two directors OR a director and company secretary
Sole director company	Must be the sole director/secretary
Trusts/SMSFs	All Trustees OR in accordance with the Trust deed
Association/Not For Profit	Minimum of three office bearers eg. treasurer/chairman/secretary (or equivalent officer) OR in accordance with rules governing the association

'Authorised' signatories can also nominate 'Additional' signatories to operate the investment. For example, some organisations find nominating a few 'Additional' signatories particularly convenient if their directors/board members are not often available to sign forms. If you have queries regarding 'Authorised' and 'Additional' signatories, or require clarification on what we require from you/your organisation, please contact our office.

IMPORTANT: Any individual authorised to open and operate the investment will need to provide information below. ACS Financial may use some details provided in this section to verify your identity from electronic sources. We will contact you if we require further information.

The personal information provided in this section WILL NOT be used or disclosed for marketing purposes.

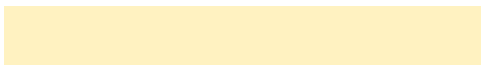
Section 4. Investor Declaration and Consent

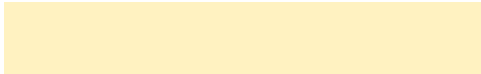
I/We wish to invest in the ACC ACCumulator as detailed in this form. I/We:


- declare that all information provided in this Application is true and correct, and I will inform ACS Financial should any of this information change in future;
- have read the ACC ACCumulator Investor Guide, which contains the Terms & Conditions and agree to be bound by them;
- am/are duly authorised to make the investment detailed in Section 2 on behalf of the named investor, entity or organisation (if any) in Section 1;
- authorise each person nominated as an Authorised/Additional signatory to have full power and authority to operate the ACC ACCumulator investment;
- understand that I/we can obtain the ACS Group Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the ACS Group Privacy Officer on 1800 646 777, and consent to ACC and ACS Financial and their service providers using and disclosing my/our information in the way described in Section 7 'Privacy Statement' of this form, including for marketing purposes unless I/we have directed otherwise. Where information about a third party individual is supplied including any person nominated as an Authorised/Additional signatory, I/we declare that the person has been made aware of that fact and of the ACS Group Privacy Policy;
- have read, understand and consent to the 'Privacy Statement' in Section 7 of this form;
- understand that verification of personal information includes verification against Dun & Bradstreet's Green ID for identification purposes only;
- have attached relevant identification requirements as indicated on this form and acknowledge that I/we may be asked for additional information to support my/our application; and
- am/are aware of the Identity of Charitable Body statement available at www.acsfinancial.com.au/customer-support

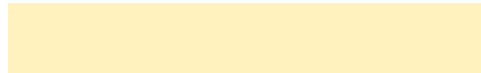
Signed on behalf of the investor by:

Refer to table on page 4 for a list of Authorised persons who can sign this section.

Signature (1)	Date (DD/MM/YYYY)	Name (1)
	/ /	
		Capacity*

Signature (2)	Date (DD/MM/YYYY)	Name (2)
	/ /	
		Capacity*

Signature (3)	Date (DD/MM/YYYY)	Name (3)
	/ /	
		Capacity*

Signature (4)	Date (DD/MM/YYYY)	Name (4)
	/ /	
		Capacity*

* eg. individual, director, trustee, board member, treasurer, secretary

Section 5. How to Certify Documents and Supporting Document Requirements

How to Certify Your Original Documents

- Please note that documents will not be returned.
 - Identification documents provided must display full investor name/s.
1. Photocopy your original identification documents.
 2. Take the originals and photocopies of your identification to a person authorised to certify documents. They cannot be a relative or signatory of the investor. You can bring your documents to ACS Financial for certification or to a designated person from the short-list below.

If a full list of designated persons is required, please contact ACS Financial.

- Minister of Religion
- Accountant (who is a member of CPA, CAANZ or IPA)
- Police Officer
- Justice of the Peace
- Chiropractor
- Dentist
- Legal Practitioner - in Australia
- Medical Practitioner
- Nurse
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Veterinary surgeon
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Bank Officer with 5 or more continuous years of service
- Notary Public

3. On each page of each copy document, the certifier must write "I hereby certify this document is a true copy of the original document sighted by me on [date]"
4. The certifier must sign each copy of the document.
5. The certifier must also provide the following on each copy document:
 - (a) name
 - (b) certifier classification (from list above)
 - (c) employer's or firm's name
 - (d) address (work or residential)
 - (e) phone number (work, residential or mobile)

Section 5. How to Certify Documents and Supporting Document Requirements (cont.)

Checklist Attach required documents to this Application and return to our office.

Please note that we are obligated to obtain the following items, as per Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) legislation, and may not be able to process your application if you do not provide what we request.

ALL INDIVIDUALS & SIGNATORIES MUST PROVIDE:

Certified copies of ID: i.e. Passport or Australian Drivers Licence

ALL INVESTORS MUST PROVIDE:

Bank Statement Original or certified copy of your nominated bank statement that is in the same name as your investment, less than 6 months old, and where you direct any future redemption or interest payment to be made.

IF YOU ARE A BUSINESS, YOU MUST ALSO PROVIDE THE RELEVANT DOCUMENTS BELOW:

Associations/Not For Profits only

Certified copy of Rules of the Entity/Constitution OR certified copy of the Certificate of Registration/Incorporation

A separate sheet listing the Title, Full Name, Residential Address and Date of Birth of ALL directors/board members

Company Type: (eg public, proprietary)

SMSFs/Trusts only

Certified copy OR extract of Rules of the Trust Deed

A separate sheet listing the Title, Full Name, and Residential Address of ALL individual trustees. If the trustee is a company, please provide the trustee company Full Name and ABN on a separate sheet, along with the Title, Full Name and Residential Address of ALL directors of the trustee company.

A separate sheet listing the Title, Full Name, DOB and Residential Address of ALL individual beneficiaries. If the beneficiary is a sole trader/company/partnership/association/trust, please provide the Full Name and Registered Address.

Type of Trust:	Discretionary	SMSF	Charitable	Other
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Partnerships only

Certified copy of Certificate of Registration OR Australian Taxation Office Tax Assessment Notice (issued within the last 2 years)

A separate sheet listing the Title, Full Name, Residential Address and Date of Birth of ALL partners

Extract of the Partnership Agreement

Companies only

Certified copy of Certificate of Registration OR Australian Taxation Office Tax Assessment Notice (issued within the last 2 years)

A separate sheet listing the Title, Full Name, Residential Address and Date of Birth of ALL directors

A separate sheet listing the Title, Full Name, DOB and Residential Address of ALL individual shareholders who have a total of 25% or more shareholding in the company. If the shareholder is a sole trader/company/partnership/association/trust, please provide the Full Name and Registered Address.

Section 5a. Board Member Details

Please provide a list of your Board Members and their details.

Board Member 1	Surname	First Name	Position		
	Address			State	Postcode
	Phone		DOB		
Board Member 2	Surname	First Name	Position		
	Address			State	Postcode
	Phone		DOB		

Section 5a. Board Member Details (cont)

Board Member 3	Surname	First Name	Position		
	Address			State	Postcode
	Phone		DOB		
Board Member 4	Surname	First Name	Position		
	Address			State	Postcode
	Phone		DOB		
Board Member 5	Surname	First Name	Position		
	Address			State	Postcode
	Phone		DOB		

Section 6. Trusts Only

Beneficiary Details: Include both individual and non-individual

Beneficiary 1	Surname	First Name	Company Name		
	Address		OR	DOB	
				State	Postcode
Beneficiary 2	Surname	First Name	Company Name		
	Address		OR	DOB	
				State	Postcode
Beneficiary 3	Surname	First Name	Company Name		
	Address		OR	DOB	
				State	Postcode
Beneficiary 4	Surname	First Name	Company Name		
	Address		OR	DOB	
				State	Postcode
% of Total benefit	Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4	
		%	%	%	%

Please note that certified copies of ID are required for each Beneficiary.
We will contact you if further information/documentation is required.

Section 6. (Cont) Companies Only This section is only to be completed by parties who's ownership is 25% or more.

Shareholder 1	Surname	First Name	Company Name
	Address		OR DOB
		State	Postcode

Shareholder 2	Surname	First Name	Company Name
	Address		OR DOB
		State	Postcode

Shareholder 3	Surname	First Name	Company Name
	Address		OR DOB
		State	Postcode

Shareholder 4	Surname	First Name	Company Name
	Address		OR DOB
		State	Postcode

% of ownership / shares held	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4
	%	%	%	%

Please note that certified copies of ID are required for each Shareholder (where Shareholder is an individual). We will contact you if further information/documentation is required.

Section 7. Privacy Statement

ACC Directorate (formerly known as Assemblies of God in Australia) (ABN 65 004 617 467) ("ACCD") (the Issuer) and ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) ("ACS Financial") (the Investment Manager) are committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles ("APPs") under the Privacy Act 1988 (Cth) regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law. You can obtain a copy of the 'ACS Group Privacy Policy' by calling 1800 646 777 or by downloading a copy at [www.acsfinancial.com.au /Customer-Support - Privacy Policy](http://www.acsfinancial.com.au/ Customer-Support - Privacy Policy)

ACS Financial collects your personal information. If you would like to obtain further information about the ACS Group Privacy Policy, Complaints Process or how you can access or correct the information held about you, you can contact the ACS Group Privacy Officer on 1800 646 777 or compliance@acsfinancial.com.au

Circumstances of collection

We generally collect personal information directly from you. For example, personal information will be collected when you complete an application or a form or document relating to day-to-day maintenance of your investment. Telephone, face-to-face contact, visiting the ACS Financial website and sending us correspondence are also examples of how we may collect personal information from you.

If you provide personal information about another person to us, you must have that person's authorisation to provide their information and you must inform that person of our identity, how we will use and disclose the information and that person's rights to access or correct that information.

Purposes of collection

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to processing your application, administering your investment and processing redemptions. Your personal information may be disclosed to service providers to assess whether your investment application can be accepted and to verify your identity from electronic sources.

Section 7. Privacy Statement (Cont.)

Consequences of not providing us with the personal information

If you do not provide the full information that we request, we may be unable to process your application.

Purpose of disclosure

The information we may collect includes:

- your name, business address, ABN/ACN/ARBN, home address, postal address, phone numbers, fax numbers, e-mail addresses, date of birth, drivers licence, role/position;
- bank account details, TFNs, governing rules, business identification documents; and

The information collected will help us to:

- provide you with information on how to apply and invest;
- provide interest rate quotes;
- provide an efficient management, administrative and registry service;
- assess any issue raised by you or us; and
- comply with our legal obligations.

These lists are not exhaustive.

Your rights

You may:

- request access to information held about you; and
- complain about a breach of the APPs, and find out how we will deal with a privacy complaint,

by contacting the ACS Group Privacy Officer.

We have an effective internal complaints procedure set out in our 'Dispute Handling Policy & Procedure' so that we may formally attend to any complaint where you believe your personal information may have been incorrectly used or disclosed. A summary Complaints Process is available at www.acsfinancial.com.au/Customer-Support - or call 1800 646 777 to request a copy

Marketing Material

We may use the information received from you to provide you with information about other products, services and special offers unless you indicate otherwise in the box below*.

* I/We, as or on behalf of the investor, do not consent to the use of my/our information for the purpose indicated above.

We do not trade, rent or sell your personal information and we will not provide your information to any third party other than in accordance with the ACS Group Privacy Policy.

Please send completed form and supporting documents to:

ACC ACCumulator
Attn: ACS Financial
Investment Management
431 Canterbury Road
Surrey Hills VIC 3127

For queries in relation to this form:

T: 1800 646 777
P: 03 9811 9884
F: 1300 881 552
E: Investmentmanagement@acsfinancial.com.au

1800 646 777

investmentmanagement@acsfinancial.com.au

ACC AUSTRALIAN
CHRISTIAN
CHURCHES
ACCUMULATOR