



When to use this form

- To add an attorney/administrator to an existing membership; **OR** For an attorney/administrator to open a new membership

Documents required

- To add an attorney, an original or certified copy of the complete Power of Attorney document.
- To add an administrator, an original or certified copy of State-based Civil and Administrative Tribunal document with Tribunal seal.
- Acceptable identification for each attorney/administrator, as per Heritage Bank's Membership ID Requirements.
- If the member cannot be contacted to verbally validate the adding of an attorney, then a doctor's letter or medical certificate confirming the member cannot verbally validate that they have appointed an attorney.

Additional information

- The attorney/ administrator is unable to transact on the account until all documentation has been verified.
- If the Power of Attorney document restricts when the authority begins, further documentation may be required.
- If the Power of Attorney document states financial decisions are to be made jointly, all attorneys must be added prior to being able to transact on the account.
- If the Enduring Power of Attorney document states that authority only comes into effect when the account holder has lost capacity, a doctor's letter or medical certificate confirming the circumstances will be required.
- If more than two attorneys/ administrators to be added to the membership, please complete and attach a second form.

Membership detail

Membership number _____ Date _____

Full name of member: _____

Linked Member Numbers: 1 _____ 2 _____ 3 _____

Are you already a signing authority on this account?: Yes No

ATTORNEY/ ADMINISTRATOR DETAILS – PARTY ONE

Existing relationship with Heritage

Do you have an existing relationship with Heritage, such as your own Heritage account or signing authority on another account?

Yes - List existing member number _____ No

If yes, proceed to attorney/ administrator declaration. If no, complete all pages.

Title _____ Given names _____ Surname _____

Commonly known as _____ Date of birth _____

Place/country of Birth _____ Nationality _____

First School attended _____ Mother's maiden name _____

Driver's licence _____ Home phone _____

Mobile _____ Email _____

Address details

Address _____

Suburb _____ State _____ Postcode _____

Mailing address (if different from above) _____

Suburb _____ State _____ Postcode _____

ATTORNEY/ ADMINISTRATOR DETAILS – PARTY TWO

Existing relationship with Heritage

Do you have an existing relationship with Heritage, such as your own Heritage account or signing authority on another account?

Yes - List existing member number _____ No

If yes, proceed to attorney/ administrator declaration. If no, complete all pages.

Title _____ Given names _____ Surname _____

Commonly known as _____ Date of birth _____

Place/country of Birth _____ Nationality _____

First School attended _____ Mother's maiden name _____

Driver's licence _____ Home phone _____

Mobile _____ Email _____

Address details

Address _____

Suburb _____ State _____ Postcode _____

Mailing address (if different from above) _____

Suburb _____ State _____ Postcode _____

Attorney/ Administrator Declaration

By signing below, I declare that

- a) I am the attorney identified in the Power of Attorney/ the administrator identified in the Order;
- b) I am authorised to operate the account (s) held by the member;
- c) I have not received notice of revocation or cancellation, or death of the member, and I make this declaration at the time of signing this form and each time I operate, access or conduct any activity in relation to the member's account(s);
- d) I understand that it is an offence under the Financial Transaction Reports Act 1988 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and misleading information;
- e) I will advise Heritage Bank in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney/ Order;
- f) I am at least 18, not insolvent under administration, and have not been convicted or found guilty of an offence involving dishonesty;
- g) To the best of my knowledge, the Power of Attorney/ Order was entered into in accordance with the applicable legal requirements;
- h) I declare that the personal information and security details provided in this form are true and correct and I authorise Heritage Bank to verify this information; and
- i) I have read Heritage Bank's Privacy Policy (available in branch or at heritage.com.au) and I consent to my personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Policy.

Attorney/ administrator signature – Party 1 _____ Date _____

Attorney/ administrator signature – Party 2 _____ Date _____

BRANCH CHECKLIST - INTERNAL USE ONLY

Documents

Power of Attorney

Certified copy of complete Power of Attorney document

Doctor's letter/medical certificate (only if required under the terms of the Power of Attorney document)

If the Power of Attorney document states decisions need to be made jointly, have all attorneys been added to the account?

Has the Power of Attorney document been signed, witnessed and dated in appropriate sections?

Has the account holder signed and dated the Power of Attorney document on the same date or prior to the attorney signing and dating the document?

Appointed administrator

State-based Civil and Administrative Tribunal document with the 'certified true copy' stamp (eg QCAT)

Addition of Party information

Have all KYC details been provided for each signatory?

Has each signatory provided their specimen signature?

Has the Account holder/appointed person acknowledgement section of the form been signed by the appropriate people?

Identification

Have all parties been fully identified? (eg the ID provided meets an acceptable identification combination)

Has ID been loaded on the system for all parties?

Ensure all documents are attached to customer's account in Lending Connect and originals forwarded to BOPS.

CSO signature

Checking officer signature

Branch use only	Branch Stamp:	Coded:	Checked:	Verification obtained (Y/N)?:	CSO Signature:	Checking Officer Signature:

NOTE: It is an offence under the Financial Transaction Reports Act 1988 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and misleading information.