IMB Ltd. trading as IMB Bank
ABN 92 087 651 974 AFSL 237 391

ACCOUNT FORM

☐ New Account ☐ Amendment

Where this form is being used for amendment to the details of an existing account, it is only necessary for those details being amended to be completed, rather than the entire form.

ACCOUNT

Member Number _____

Account Name: _____

ACCOUNT 1	ACCOUNT 2	ACCOUNT 3
TYPE: _____	TYPE: _____	TYPE: _____
NUMBER: _____	NUMBER: _____	NUMBER: _____

APPOINTMENT OF AUTHORITIES TO OPERATE (ATO's):
The following person(s) are given authority to operate the above account(s) with IMB Ltd as indicated. (It is not necessary for individual account holders to complete this section, however the ATO's appointed by an individual and proprietors of a Business wishing to operate the above business account(s) must). Please specify which of the above account(s) the ATO's will be able to operate.
NOTE: The following list of persons should reflect all ATO's on the above account(s) from this date. Any ATO's previously appointed that are not listed below will be deleted from the above account(s).

	INTERNET BANKING
Full Name: _____	
Address/Member _____	Y/N
Full Name: _____	
Address/Member _____	Y/N
Full Name: _____	
Address/Member _____	Y/N
Full Name: _____	
Address/Member _____	Y/N
Full Name: _____	
Address/Member _____	Y/N

METHOD OF OPERATION: (Please circle whichever is applicable)

* One to sign

* _____ (number) to sign (not available on accounts with a card facility)

* Other _____

TAX FILE NUMBER:

If all account owners have provided their Tax File Number or Exemption on their Member Forms, then the TFN or Exemption will be automatically applied to this account, unless otherwise indicated here.

☐ I/we do not wish for my/our Tax File Number(s) or Exemption to apply to this account.

ACCOUNT DECLARATION:

1.I/we acknowledge that I/we have been provided with a copy of the terms and conditions, including the fees and charges, relating to the above account(s);
2. I/we agree to be bound by the conditions governing this account and attached facilities;
3.I/we understand that money credited to this account will be deposits into IMB;
4. I/we agree that I/we are responsible for the actions of my/our ATO's in relation to my/our accounts;
5. I/we understand that if I/we give an ATO internet banking access on this account, they will have internet banking access on all of my/our accounts for which that are an ATO.
6. I/we acknowledge that all ATO's previously appointed on the account that are not listed on this form will be removed from the account.
7. For Business Members only: I/we acknowledge that a change to the ATO's does not have the effect of changing the Limited ATO's unless I/we otherwise specify.
8. Joint Account holders only: If a joint account holder dies, we agree the remaining account holder holds the credit balance and if more than one,those remaining account holders hold the credit balance jointly.
I/we agree that all deposits held jointly by 2 or more account holders is deemed to be held by such account holders as joint tenants.

AUTHORISED BY: (All Individual Account Owners or Proprietors i.e. Directors/Office Holders/Executors/Partners/Trustees)

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

Date: _____ Date: _____

(FOR BUSINESS MEMBERS ONLY: If all proprietors are unavailable to sign this form, please also provide entity minutes confirming authority to open this account and appoint the ATO's listed above. A minimum of 2 proprieters will still need to sign this form)