

### Owners/Authorised Officers Details

Any Authorised Officers will be assigned full authority as a Signing Officer to operate the account, including being able to make changes to the account and performing transactions. Changes to this authority can be made after the account has been opened by visiting a Suncorp branch. Please note: Registered Businesses must have all Owners of the Business included on the application, otherwise your application will be delayed until they have all been received.

### Declaration and Consent by Signatories

I/We understand it is an offence under the “Anti-Money Laundering and Counter-Terrorism Financing Act 2006” to make a false or misleading statement. I/We agree to be bound by the Terms and Conditions detailed in the Product Information Document in relation to accounts opened under the Applicant’s name. I/We confirm the details supplied are correct.

I/We agree to be bound by the Terms and Conditions detailed in the Product information Document for the iBus Maximiser Account and confirm that all of the information provided in this form is correct.

By signing this application, I/We agree to Suncorp collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy.

Sometimes, Suncorp may use personal information to make product-related material on a range of financial products and services available to our customers.

A customer may elect not to receive product-related material by indicating in the Owners / Authorised Persons Details Section.

### Personal Details

Authorised Officer 5	TITLE	GIVEN NAMES (IN FULL)		
	SURNAME			
Preferred Name				
Residential Address	(PO BOX NOT ACCEPTABLE)			
	SUBURB / TOWN		State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER		
	SUBURB / TOWN		State	Post code
Phone (Work)	( )	Phone (Home)	( )	
Fax	( )	Mobile		
Date of Birth		Employer		
Password		Occupation		
Signature				Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>
Authorised Officer 6	TITLE	GIVEN NAMES (IN FULL)		
	SURNAME			
Preferred Name				
Residential Address	(PO BOX NOT ACCEPTABLE)			
	SUBURB / TOWN		State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER		
	SUBURB / TOWN		State	Post code
Phone (Work)	( )	Phone (Home)	( )	
Fax	( )	Mobile		
Date of Birth		Employer		
Password		Occupation		
Signature				Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>

Personal Details (cont)			
Authorised Officer 7	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	( )	Phone (Home)	( )
Fax	( )	Mobile	
Date of Birth		Employer	
Password		Occupation	
Signature			Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>
Authorised Officer 8	TITLE	GIVEN NAMES (IN FULL)	
	SURNAME		
Preferred Name			
Residential Address	(PO BOX NOT ACCEPTABLE)		
	SUBURB / TOWN	State	Post code
Mailing Address	<input type="checkbox"/> If same as Residential	STREET NUMBER AND NAME OR PO BOX NUMBER	
	SUBURB / TOWN	State	Post code
Phone (Work)	( )	Phone (Home)	( )
Fax	( )	Mobile	
Date of Birth		Employer	
Password		Occupation	
Signature			Do not send me product/marketing material or Special Offers from Suncorp <input type="checkbox"/>