



# NAB Cash Manager Beneficiary Information for Trust Accounts

National Australia Bank Limited (NAB) ABN 12 004 044 937 AFSL 230686  
www.nab.com.au

To be completed and forwarded to:

Mail: National Australia Bank, NAB Cash Manager,  
Reply Paid 85956, Docklands VIC 3008

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and X where appropriate.

The information below is required for National Australia Bank Ltd to satisfy its obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. This information is not required if the account is to be held by a Superannuation Fund, the Commonwealth, a State or Territory, the Government, a public authority or a local Government body.

## Instructions

1. Please provide the name and **residential address** of all Trustees for Trust accounts, excluding to be held by the parties list above, on this form below. This information will be recorded in your Trust Deed or other Trust documents.
2. Please provide the names of the beneficiaries or a description of the class of beneficiaries for Trust accounts, excluding Trusts to be held by the parties listed above.

## Section 1 Applicant Details

Account Number (if known)

Account Name (please print)

<input type="text"/>	<input type="text"/>
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## Section 2 Trust information

Please provide us with the name and address of the Trustees that apply to the above account. If there are more Trustees that apply to this account, please print out an additional form and attach it to this one.

### Company or Business as Trustee

Company name

Residential address

<input type="text"/>	State	Postcode
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### Individual as Trustee 1

Title

Surname

Given Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential address

<input type="text"/>	State	Postcode
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### Individual as Trustee 2

Title

Surname

Given Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential address

<input type="text"/>	State	Postcode
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## Section 3 Beneficiary details

Please provide us with the name of the beneficiaries or a description of the class of beneficiaries that apply to this account.

### Beneficiary 1

Title

Surname

Given Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential address

<input type="text"/>	State	Postcode
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### Beneficiary 2

Title

Surname

Given Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential address

<input type="text"/>	State	Postcode
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Description of the class of the beneficiaries

**Section 4 Declaration**

I confirm that where the information is provided on behalf of beneficiaries and trustees that the beneficiaries and trustees:

- have read the particulars which have been completed in this form and state that those particulars are true, complete and correct
- have been given the opportunity to read the NAB Cash Manager Terms and Conditions and have asked NAB or an independent legal advisor any questions they have about the declaration, acknowledgements and authorities which apply to the NAB Cash Manager account
- have authorised me to give the declaration, acknowledgements and authorities set out in NAB Cash Manager Terms and Conditions, including those outlined in the section headed "Privacy".

Signature

Signature

Date

Date

Common Seal to be affixed in accordance with the Constitution of the Company