

# Personal Facility Application – Non-Associate

LLL Australia requires Non-Associate customers to provide a signed [Investor Acknowledgement](#). If you have previously provided a signed Investor Acknowledgements, you do not need to provide it again. Please tick one:

The signed Investor Acknowledgements will be returned to [lll@lll.org.au](mailto:lll@lll.org.au), along with this form; OR

The signed Investor Acknowledgements has been provided to LLL Australia previously.

<b>1. Facility type</b>	<input type="checkbox"/> <b>Notice of Withdrawal (NoW) Facility</b>			
	<input type="checkbox"/> <b>Term Investment (TI) Facility</b>	<input type="checkbox"/> <b>31 days</b>	<input type="checkbox"/> <b>3 months</b>	<input type="checkbox"/> <b>6 months</b> <input type="checkbox"/> <b>12 months</b>
Term Investment Instructions (if applicable)	Principal Instruction (on maturity)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Transfer to LLL Facility*	<input type="checkbox"/> Transfer to External ADI AC** <input type="checkbox"/> Cheque***
	Interest Instruction (on maturity)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Transfer to LLL Facility*	<input type="checkbox"/> Transfer to External ADI AC** <input type="checkbox"/> Cheque***
	Facility number of LLL NoW Facility to transfer funds to* _____			
Facility Name				
Facility Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Joint			
Facility Purpose	<input type="checkbox"/> Investment <input type="checkbox"/> Trustee/Power of Attorney <input type="checkbox"/> Other (please specify) _____			
Signing Authority	<input type="checkbox"/> One to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> Other (please advise) _____			
	<b>Important Note:</b> Where Authorised Signatories are appointed under the Terms and Conditions for LLL Investments, any Authorised Signatory can process transactions in accordance with the terms of the authorisation.			

\* The LLL Facility must be in the same name as your Term Investment Facility. Once transferred, funds will be subject to a minimum 31 day notice period for withdrawal/redemption.

\*\* The external account must be with an Australian ADI (such as a bank, credit union or building society – if unsure please check with LLL) and be in the same name/s as the LLL Facility.

\*\*\* If cheque is selected, a non-negotiable cheque payable to the Facility holder(s) will be provided.

<b>2. Term Investment Facility opening funds transfer (if applicable)</b>
Value of Investment \$ _____
I/We authorise LLL to debit funds from the nominated LLL facility for the Term Investment - Facility number _____ To open a Term Investment Facility you must also hold a Notice of Withdrawal (NoW) Facility. If you do not yet hold a NoW Facility, leave the field directly above this wording blank. Please ensure to indicate in Section 1 that you require both a NoW Facility and a Term Investment Facility.

<b>3. External bank account election for future transfer/s</b>			
When you request a withdrawal from your facility, LLL will remit funds to an eligible LLL Facility in the same name, or to your Linked ADI Account an (unless a cheque is requested). If you wish to nominate a Linked ADI Account, please do so here.			
This must be an account with an Australian ADI (such as a bank, credit union or building society – if unsure please check with LLL) and in the same name/s as the LLL Facility holder/s. Satisfactory evidence (such as an account statement) that the account is held in the same name as the Facility holder/s is required to be provided with this form.			
Account Name			
Name of Australian ADI	BSB Number		
Branch	Account Number		
Narration (if any)			
Comments			

<b>4. Applicant (IND1 – Individual 1)</b>			
Client Number (as applicable)	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None	
Given Names	Preferred Given Name		
Surname	Title		
Date of Birth			
Home Address			
Mailing Address	<input type="checkbox"/> Same as above		
Occupation/Trade	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Mobile	Home		
Work	Email		
Is your TFN to be provided for this Facility? If Yes, please advise, or if an exemption exists: TFN: _____ TFN Numbers will be removed from form by staff on account opening. Note: You are not obliged to disclose your TFN or TFN exemption to us. However, if you do not, we may be obliged to deduct withholding tax from any interest you earn in relation to your Facility and remit it to the Australian Taxation Office. The withholding tax rate is set by the Government and may vary from time to time. Pensioners may either quote their TFN or list their Pension type. For a Joint Facility, each Facility Holder must quote their TFN or TFN exemption otherwise withholding tax applies to the whole of the interest earned on the Joint Facility.			
Are funds expected to be received from overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which country/countries? _____			
Are you an Australian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# Personal Facility Application – Non-Associate

Please list any other countries of which you are a citizen.			
Are you an Australian resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, in which country are you a resident?		_____	
Are you required to pay tax in any country other than Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify countries and Tax Identification Number (TIN)		TIN: _____	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4.1 Second Applicant (IND2 – Individual 2) – complete for joint account</b>			
Client Number (as applicable)	_____	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names	_____	Preferred Given Name	_____
Surname	_____	Title	_____
Date of Birth	_____		
Home Address	_____		
Mailing Address	_____		<input type="checkbox"/> Same as above
Occupation/Trade	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Mobile	_____	Home	_____
Work	_____	Email	_____
Is your TFN to be provided for this Facility (relevant to Facility Holders only)? If Yes, please advise, or if an exemption exists:			
TFN: _____			
TFN Numbers will be removed from form by staff on account opening.			
Note: You are not obliged to disclose your TFN or TFN exemption to us. However, if you do not, we may be obliged to deduct withholding tax from any interest you earn in relation to your Facility and remit it to the Australian Taxation Office. The withholding tax rate is set by the Government and may vary from time to time. Pensioners may either quote their TFN or list their Pension type. For a Joint Facility, each Facility Holder must quote their TFN or TFN exemption otherwise withholding tax applies to the whole of the interest earned on the Joint Facility. If you are not a Facility holder, please do not complete this section.			
Are you an Australian citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any other countries of which you are a citizen		_____	
Are you an Australian resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, in which country are you a resident?		_____	
Are you required to pay tax in any country other than Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify countries and Tax Identification Number (TIN)		TIN: _____	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>4.2 Additional Applicant (IND 3 – Individual 3) – complete only if applicable</b>			
Client Number (as applicable)	_____	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None
Given Names	_____	Preferred Given Name	_____
Surname	_____	Title	_____
Date of Birth	_____		
Home Address	_____		
Mailing Address	_____		<input type="checkbox"/> Same as above
Occupation/Trade	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Mobile	_____	Home	_____
Work	_____	Email	_____
Is your TFN to be provided for this Facility? If Yes, please advise, or if an exemption exists.:			
TFN: _____			
TFN Numbers will be removed from form by staff on account opening.			
Note: You are not obliged to disclose your TFN or TFN exemption to us. However, if you do not, we may be obliged to deduct withholding tax from any interest you earn in relation to your Facility and remit it to the Australian Taxation Office. The withholding tax rate is set by the Government and may vary from time to time. Pensioners may either quote their TFN or list their Pension type. For a Joint Facility, each Facility Holder must quote their TFN or TFN exemption otherwise withholding tax applies to the whole of the interest earned on the Joint Facility. If you are not a Facility holder, please do not complete this section.			
Are you an Australian citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any other countries of which you are a citizen		_____	
Are you an Australian resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, in which country are you a resident?		_____	
Are you required to pay tax in any country other than Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify countries and Tax Identification Number (TIN)		TIN: _____	
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP*?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internally in a government body or international organization. If there are additional Applicants, please complete and append an additional form/s.

# Personal Facility Application – Non-Associate

5. Third Party Authorised Signatory – complete only if applicable			
Relationship Type	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Authority to Operate		
Client Number (as applicable)	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None	
Given Names	Preferred Given Name		
Surname	Title		
Date of Birth			
Home Address			
Mailing Address	<input type="checkbox"/> Same as above		
Occupation/Trade	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Mobile		Home	
Work	Email		
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.			
Signature		Date	

5.1 Third Party Authorised Signatory – complete only if applicable			
Relationship Type	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Authority to Operate		
Client Number (as applicable)	LLL Online Access Level	<input type="checkbox"/> Enquiry Only <input type="checkbox"/> None	
Given Names	Preferred Given Name		
Surname	Title		
Date of Birth			
Home Address			
Mailing Address	<input type="checkbox"/> Same as above		
Occupation/Trade	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Mobile		Home	
Work	Email		
Are you a Politically Exposed Person (PEP), or a family member or close associate of a PEP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
By signing this form, I consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website. I also agree to be bound to the extent applicable to the Terms and Conditions for LLL Investments.			
Signature		Date	

If additional Authorised Signatories are required, please complete and append an additional form/s.

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## 6. Applicant Declaration & Authorisation

### DECLARATION

I/We understand that it is an offence under the law including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) ("AML-CTF-Act") to make a false and misleading statement. I/We declare that the information provided in this form is complete and accurate and I/we consent to the electronic verification for the identity of all individuals within this facility application.

I/We have received and read the applicable disclosure documents (Terms & Conditions for LLL Investments) and agree to be bound by them.

I/We understand that the collection of Tax File Number (TFN), Australian Business Number (ABN) or Exemption is authorised, and their use and disclosure are regulated by tax laws and the Privacy Act 1988 (Cth). I/We understand that quotation of the number is not compulsory, but withholding tax may be deducted from any interest I/we earn and remitted to the Australian Tax Office (ATO) if I/we do not quote my/our TFN, ABN or claim an Exemption.

I/we understand that where I/we am/are resident(s) of a country other than Australia for tax purposes, LLL may be legally obliged to pass on this information and other information with respect to me/us and my/our facilities with LLL to the ATO and that the ATO may then exchange this information with tax authorities of other jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

I/we undertake to promptly notify LLL of any change in circumstances which affects my/our tax residency.

I/We consent to the collection, use, handling, and disclosure of my/our personal information as set out in the "Privacy" section of the Terms and Conditions for LLL Investments and LLL's Privacy Policy. LLL's Privacy policy is available via the LLL website.

### IMPORTANT NOTICE

By law, LLL must inform investors that LLL's debenture products are only intended to attract investors whose primary purpose for making their investment is to support LLL's charitable purposes, primarily support for the Mission of the Lutheran Church in Australia; that investors may be unable to get some or all of their money back when the investor expects it or at all; and that an investment in LLL's debentures is not comparable to investments with banks, finance companies or fund managers.

### AUTHORISATION

**By signing this form, I/we certify that all information contained within this form is true and correct and I/we am/are authorised to sign this form on behalf of all proposed LLL Facility Holders.**

IND 1		IND 2	
Name		Name	
Signature		Signature	
Date		Date	
IND 3			
Name			
Signature			
Date			

Checklist – Office Use Only:			
No alterations without initials by Client	<input type="checkbox"/>	All sections completed and ensured TFN is removed	<input type="checkbox"/>
Individuals verified - originals, certified documents and/or electronic	<input type="checkbox"/>	LLL Terms & Conditions supplied (all clients)	<input type="checkbox"/>
<b>Investor Acknowledgements</b>	<input type="checkbox"/> provided with this form; OR		
Date of execution:	<input type="checkbox"/> provided previously		
Client/Facility opened by		Operator #	Date
Client/Facility reviewed by		Operator #	Date