

## **Phone Banking Service Options**

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

If you are an HSBC User for an S options, or link accounts.	SMSF, Trust or Non-Trading Entity please co	omplete t	his form to amend the service	
Mail the completed form t	o: GPO Box 5302, SYDNEY NSW 2001	OR	Fax to: <b>1300 765 150</b>	
ENTITY DETAILS				
Entity customer number (9 digits	) Registered name			
ABN (if applicable)	Contact phone number			
Postal address – Documents relation	ting to the services will be mailed to this a	ddress		
			Postcode	
USER DETAILS				
Title First name(s)	Surname	•		
Personal Banking Number (10 dig	gits)			
ACCOUNT ACCESS				
Add/Remove the following account	Ints to/from the User Phone Banking acces	S		
Access	BSB Number		Account Number	
Add Remove				

## AMENDMENTS TO SERVICE OPTIONS

All services are automatically included when you set up Phone Banking. If you wish to restrict Phone Banking access, indicate the required services below.

Note: this applies to both automated and agent assisted services.

Service Level		Description		
Add	Remove	- Description		
		Transfer between your linked HSBC Australian accounts and update Term Deposit maturity instructions (including Foreign Exchange transactions if relevant). Limit AUD 500,000 *		
		Automated: Transfer to an HSBC Australian 3rd party account. Limit AUD 3,000 *		
		Enquire on balances and recent transactions		
		BPAY® payments. Limit AUD 20,000 *		

\* Further details of daily Phone Banking limits are contained in the relevant product disclosure statement for the underlying deposit product.

SERVICE ACCESS			
For the <b>Entity as a whole</b> , please indicate if you want to:			
Cancel this Service Temporarily suspend this Service From	DD / MM / YY	То	DD / MM / YY

## **DECLARATION AND AUTHORISATION**

By signing below, the Account holder hereby acknowledges and agrees the following:

- This form contains its instructions to HSBC about how a User is authorised by the Account holder to use the Phone Banking Service to administer and transact on the Account, and that, solely with respect to the Account holder's use of the Phone Banking Service, where the instructions contained in this document are different from any authorisation set out in the Mandate for Accounts or other instructions relating to its Accounts, the instructions in this document will prevail.
- The Account holder will be liable for any User's use of the Phone Banking Service in the same manner as it is liable for the actions of Authorised Signatories and/or Users in the Mandate for the Accounts.
- The Phone Banking Service is subject to the terms and conditions contained in the relevant product disclosure statement or terms and conditions for the underlying product.

## Who needs to sign this form

- 1. If you are a trust, all the trustees must sign this document in accordance with the trust deed. If the trustee is a company, also refer to point 2 below as to how each director signs.
- 2. If you are a company and there is only one director who is also the only company secretary, that director must sign; if there are two or more directors, either two directors or a director and a company secretary can sign.
- 3. If you are in a partnership formed by individuals, each and every individual partner must sign.

SIGNATORY 1		SIGNATORY 2	
Signature	Date	Signature	Date
×	DD/MM/YY	×	DD/MM/YY
Name		Name	
Office/Title		Office/Title	

For multiple signatories, please attach extra pages for the additional signatures.

Office Use Only

SV	Checking officer name	Signature	Date	, / /	
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