



Identity Protect – Annexure C

Master Account Opening Service (MAOS)

Please complete all mandatory* questions. If a box or section does not apply, please place N/A in that box, do not leave it blank.

Complete this form for each client account listed in the letter we have sent you **OR** you can send us information for multiple accounts using the *Identity Protect MAOS Bulk Update* spreadsheet. Along with the spreadsheet, you'll only need to provide one copy of this form.

For help or to request a copy of the *Identity Protect MAOS Bulk Update Spreadsheet*, please contact your Banking Relationship Manager or email us at customer.identityprotect@nab.com.au.

Section A Provide details of your organisation

Customer Account Number

Organisation full legal name*

Australian Business Number (ABN)*

Registered address* (can't be a PO Box)

Country

State

Postcode

Section B Provide details for your client account(s) (beneficiaries)

A list of client account(s) for which we need further information can be found in the letter we have sent you under the Section: Missing Beneficiary information for your MAOS client account(s).

Are you providing information for more than one account?*

- Yes – you can provide details for multiple client accounts using the 'Identity Protect MAOS Bulk Update' Spreadsheet, which can be requested from your Relationship Manager or by emailing customer.identityprotect@nab.com.au.
- No – Continue below to complete one form per client

Account Number*

Is the beneficiary of the account an organisation or business (e.g. company, partnership, sole trader)?*

- Yes – Complete **B.1** to provide their details
- No – Go to **B.2** to provide details for an individual beneficiary(ies)

B.1 Complete if the beneficiary is an organisation

What is the business structure?*

- Company Partnership Sole trader Other

Organisation full legal name*

Registered address* (can't be a PO Box)

Country

State

Postcode

B.2 Complete if the beneficiary(ies) of the account are individual(s)

Individual 1

Title*

Mr Mrs Miss Other

Given name(s)*

Surname*

Provide their date of birth **OR**

Residential address (can't be a PO Box) *

<input type="text"/>		
Country	State	Postcode

Individual 2

Title*

Mr Mrs Miss Other

Given name(s)*

Surname*

Provide their date of birth **OR**

Residential address (can't be a PO Box) *

<input type="text"/>		
Country	State	Postcode

If details are required for more than two individual beneficiaries for the account, write their details here (full legal name and date of birth or residential address):

If FATCA/CRS information has been requested for the above beneficiaries, go to **Section C**.

Otherwise, go to **Section D** to complete the form.

Section C Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standards (CRS)

The following section is only required if FATCA/CRS information has been requested for the account beneficiary(ies) in the letter we have sent you. Tax Residency information must be provided by the applicable individual and/or their authorised representative (e.g. Director, Partner etc). Complete duplicate copies of this section if you are required to provide details for multiple beneficiaries.

Is this account an excluded account?

Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) exclude certain accounts (“excluded accounts”) from due diligence and reporting obligations depending on the purpose of the account. See the [ATO website](#) for more information about Excluded Accounts. NAB reserves the right to request further information as to why an account is nominated as an Excluded Account.

- Yes – Go to **Section D**
- No – If the credit interest beneficiary is a company or partnership, go to **C.1**
If the credit interest beneficiary is an individual or sole trader, go to **C.2**

C.1 – CRS/FATCA information for an organisation

Organisation full legal name

Is the company established or incorporated in the USA? Yes No

Is the company a resident for tax purposes of any other country other than Australia? Yes No

Is the company a financial institution (this includes a custodial or depository institution, an investment entity or a specified insurance entity)? Yes No

In the last financial year did the company:

- i. Have U.S. citizens or U.S. residents as controlling persons (beneficial owners), and
- ii. Earn 50% or more of its gross income from investment income (e.g. dividends, rental income, interest, distributions, royalties and annuities), and
- iii. 50% or more of the company’s assets (shares, property and bonds) held, produce investment income Yes No

If you answered Yes to any of the FATCA questions above, you need to:

1. Download the *Tax Residency Self Certification Form – Entities* ([link](#)) which can be found on the NAB website by searching “Tax Residency Entities”.
2. Have an authorised person of the company (e.g. company director, secretary) complete and sign the form.
3. Email us a scanned copy or photo of the *Tax Residency Self Certification Form - Entities* along with this form.

C.2 CRS/FATCA information for an individual

Individual’s full legal name

Is this individual a U.S. Citizen or a U.S. resident for tax purposes?*

Yes No

If yes, please provide their U.S. Taxpayer Identification Number (TIN):

Is this individual a resident any other country for tax purposes (excluding Australia and the U.S.)?*

Yes No

If yes, please provide the name of each country and their Taxpayer Identification number (TIN) or equivalent for each country below

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you cannot provide the TIN, please provide a reason:

Country	Reason
<input type="text"/>	<input type="text"/>

Reason codes:

- A – Country doesn’t issue TINs
- B – They don’t have a TIN (please provide explanation)
- C – It is not mandatory to disclose a TIN for this country

Section D Customer declaration and signatures*

To be completed and signed by two Authorised Persons as set out in the Master Account Authority with NAB.

By signing below, we acknowledge that the declarations made above are true and correct. We declare that all applicable client information provided, including tax residency status, has been sought from the applicable individual(s) and/or their authorised representative(s), that we understand it to be true and correct and have been authorised to provide it to NAB. We undertake to advise NAB within 30 days of any change in information, including tax residency status. We confirm we are acting in accordance with the Master Account Authority.

Signature*

Signature*

Full Name*

Full Name*

Title*

Title*

Date*

Date*

Next steps

1. Check you have completed all required sections of the form, and that it has been signed by Authorised Persons as set out in the Master Account Authority with NAB.
2. Check that you have provided FATCA/CRS information for all required beneficiaries on the account, as set out in our letter to you (Section C). If you are required to provide FATCA/CRS information for multiple client accounts, duplicate Section C of the form.
3. Scan or take a photo of this completed, signed and dated form.
4. Email us your form, spreadsheet and any *Tax Residency Self Certification - Entity forms* (if applicable) to your Banking Relationship Manager, and CC: **customer.identityprotect@nab.com.au**.

If you have any queries regarding the completion of this form, please contact your Banking Relationship Manager or contact the NAB Identity Protect team via the contact details on your letter.