

Complete this form to set up transfers to pre-designated 3rd party accounts using Online Banking, **OR** to amend the daily transactional limit that applies to pre-designated transfers. If you require assistance on how to complete this form, please call our Contact Centre on **1300 306 543**.

✉ Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001** **OR** 📠 Fax to: **1300 765 150**

CUSTOMER DETAILS

BSB	Account number	OR	Customer number (9 digits)/ Personal Banking Number (PBN – 10 digits)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Online Banking Service Username (if applicable)			
<input style="width: 100%;" type="text"/>			
Title	First name(s)	Surname	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

TRANSFER LIMIT FOR PRE-DESIGNATED 3RD PARTY ACCOUNTS

Specify the daily transaction limit for transfers to pre-designated transfers.

\$ *Maximum AUD \$250,000*

PRE-DESIGNATED 3RD PARTY ACCOUNTS – NOMINATED PAYEE DETAILS

Give details of payee(s) to whom you wish to make regular payments

	Nominated payee 1	Nominated payee 2
Account name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Bank name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
BSB	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If the account is not held in Australia the following details are also required

Currency	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
IBAN/BIC/ Local bank code	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Offshore HSBC Premier account?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description/Narrative	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Type of Transfer * (Select one box only)	Telegraphic Transfer <input type="checkbox"/> Local payment <input type="checkbox"/> Local Telegraphic Transfer <input type="checkbox"/>	Telegraphic Transfer <input type="checkbox"/> Local payment <input type="checkbox"/> Local Telegraphic Transfer <input type="checkbox"/>

* Refer to the Personal Banking Booklet for applicable fees.

AUTHORISATION

Please action the above request(s).

Signature	Date	Name
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Office Use Only

<input type="checkbox"/> SV	Checking officer name	Signature	Date	/ /
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