BAPLINK
SUPPORTING VISION
STRENGTHENING STEWARDSHIP
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EXEMPT BENEFIT NEW ACCOUNT ASSOCIATION

Baplink is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) to obtain certain information from you, and to verify that information is true and correct, before we can provide you with financial services. We may need to seek further information from you in the event of any errors or omissions.

Section 1: Association Details

Church Name	
We are an Unincorporated	
We are an Incorporated Association	
ABN	
ACN	
We have ACNC Registration	☐ ☐
If you do not have ACNC registration please contact Baplink before you proceed with this application.	
Account Holder's Frist Name	
Account Holder's Middle Name	
Account Holder's Surname	
Account Holder's Role in the Church	
Address of registered office or principal place of business	
Postal address (if different)	
Email address	
Daytime contact person	
Daytime contact phone number	
Senior/Lead Minister First Name	
Senior/Lead Minister Middle Name	
Senior/Lead Minister Surname	
Chairperson or Equivalent Officer	
Chairperson First Name	
Chairperson Middle Name	
Chairperson Surname	
Secretary or Equivalent Officer	
Company Secretary First Name	
Company Secretary Middle Name	
Company Secretary Surname	
Treasurer or Equivalent Officer	
Treasurer First Name	
Treasurer Middle Name	
Treasurer Surname	

Section 2: Account Signatories

Each account signatory must complete an ID Form if you have not done so in the last 12 months.

First Name		Signature
Middle Name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement
First Name		Signature
Middle Name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement
First Name		Signature
Middle Name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement
First Name		Signature
Middle Name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement
First name		Signature
Middle name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement
First name		Signature
Middle name		
Surname		
Account Statement Preference	☐ Please Email	☐ No statement

Section 3: Method of Account Operation

Any One Person to Operate Account	☐
Any Two People to Operate Account	☐

Section 4: Authorisation to be completed by ACNC Responsible People

By signing this form, we confirm that:

1. We have read and understood the Australian Taxation Ruling TR 2019/3 Fringe Benefits Tax: Benefits Provided to Religious Practitioners.

2. We have read and understood the Terms and Conditions at the end of this document.

3. We've attached the meeting minutes from our governing committee. These minutes confirm that the committee approved opening this account and list the authorised signatories and their signing permissions.

4. We declare that all information provided in this form is true, accurate, and complete to the best of its knowledge. We further agree to promptly notify Baplink of any changes to its entity details or other relevant information.

5. We the undersigned are individuals who are identified as Responsible People on our Entity's ACNC Registration.

Section 4a: Names and Signatures of ACNC Responsible People

First name		Signature
Middle name		
Surname		
Date		
Baplink strongly recommends that the two people that sign above and below are not related.		
First name		Signature
Middle name		
Surname		
Date		

General Terms and Conditions
These terms and conditions are governed by, and must be interpreted in accordance with, the State and Federal Laws, Acts and Legislation that apply to Baplink.

Anti-Money Laundering and Counter-Terrorism Financing Act
To meet our regulatory and compliance obligations, you acknowledge and agree that transactions may be delayed, blocked, frozen, or refused if we have reasonable grounds to believe they breach Australian law or sanctions (or the laws or sanctions of any other country). Where this occurs, Baplink and its correspondent institutions are not liable for any loss you may suffer, however caused. From time to time, we may require additional information from you to assist us in meeting compliance requirements, and you must provide such information promptly. Where legally obliged, we will disclose relevant information to regulatory and/or law enforcement agencies, other financial institutions, service providers, or third parties. You agree to these undertakings and indemnify Baplink against any loss or liability arising from your breach of these obligations.

Authorised Signatories
Authorised signatories are people nominated by your organisation's ACNC Responsible People to operate accounts and sign transaction documents. They are entitled to access related products and services. Each authorised signatory must complete either the online Baplink ID Form or download and complete the ID Form from the Baplink website. Identification documents must be provided to meet Baplink' s requirements, and the completed, signed ID Form must be returned to Baplink. The account(s) will be debited with all transactions made by an authorised signatory.

Changes to Your Details
You must notify Baplink immediately of any change to your details, including address, phone number, or email. If you request a change to your account name, you must complete a new Baplink ID Form and provide supporting identification documents. For changes to the name of an Entity, Trust, or Superannuation Fund, appropriately certified supporting documents are required. If Baplink becomes aware of changes to your account details, we may take reasonable steps to update our records without prior notice to you.

Transaction Methods
Funds may be transferred to and withdrawn from your account via:

- Electronic Transfer
- Periodical Payment
- Direct Debit Form
- BPAY
- In limited circumstances, cash or cheque via Westpac Banking Corporation.

Interest on Overdrawn Accounts
Accounts that become overdrawn will incur interest, which will be applied to your account monthly.

Funds Transferred in Error
If you become aware of an error, an unauthorised transaction, or an amount credited to your account in error, you must notify Baplink immediately. Where Baplink reasonably determines that your account has been incorrectly credited, we may, at the discretion of the Baplink Director, deduct those funds from your account.

Closing Your Account
Baplink may freeze or close your account immediately, without prior notice, if:

- you commit a serious breach of these terms and conditions,
- we are required to do so by law,
- you have provided false or misleading information, or
- in our reasonable opinion, your actions threaten the security of our staff, property, or any other person.

You may request to close your Baplink account by providing written notice to Baplink. Before doing so, you must ensure that all cards, direct debits, and periodical payments linked to the account are cancelled.

If these arrangements are not cancelled prior to closure, any subsequent transactions may cause the account to be re-opened, and you will remain responsible for any resulting payments or liabilities.

Appendix 1 – Request for Baplink Exempt Benefits Account

This form is to be submitted with a Baplink Application for an Exempt Benefits Account. It is also may be adapted or used by churches to assess whether a person is eligible for an Exempt Benefits Account and to obtain a declaration by that person acknowledging and accepting their responsibilities in regard the operation of this account.

Two declarations are required.

1) by the church applying for an account all eligibility criteria are satisfied by the church and pastoral applicant, and
2) by the pastoral applicant that they understand their obligations and agree to abide by them.

Declaration by Church

Name of Church: _____

Pastoral Applicant Name: _____ Role Title: _____

Authorised Leader making this declaration:

Name: _____ Role: _____

I declare (with reference to the ATO Tax Ruling TR 2019/3 - Fringe benefits tax) that:

TR2019/3 requirements	**Declarations** – please tick the relevant boxes. Doing so will indicate your compliance to the requirements of the ATO in regards Exempt Benefits.
A benefit provided by a registered religious institution.	☐ Our church is currently registered with ACNC as a Charity. ☐ Our ACNC registration states our charity subtype as "Advancing Religion."
To an employee religious practitioner, or their spouse or child.	☐ The applicant is employed or is a spiritual appointee at our church. ☐ The applicant is a Registered Minister with QB. ☐ The applicant is a 'minister of religion' specifically they are ☐ a member of a religious institution ☐ recognised by ordination or other admission or commissioning, or has authority from the religious institution, to carry out the duties of a minister based on theological training or other relevant experience, ☐ officially recognised as having authority on doctrine or religious practice, ☐ distinct from ordinary adherents of the religion, ☐ an acknowledged leader in spiritual affairs of the institution, and ☐ authorised to act as a minister or spiritual leader, including the conduct of religious worship and other religious ceremonies. ☐ The applicant is a student in an approved course to enable them to become a minister of religion. ☐ The Exempt Benefits will be paid to the applicant, their spouse or child.

EXEMPT BENEFITS FOR QB MINISTERS

In respect of the religious practitioner's pastoral duties or directly related religious activities.	☐ The principal duties of the applicant are pastoral duties or other related duties. *(Please select their principal duties from the following list. Select all that are relevant)* ☐ communication of religious beliefs, ☐ teaching and counselling adherents and members of the community, ☐ providing adherents and members of the community with spiritual guidance and support, ☐ conducting an in-service seminar of a spiritual nature, ☐ meeting with or visiting adherents, the sick, the poor, and others who need emotional and spiritual support, ☐ providing pastoral supervision to those engaged in pastoral duties, or ☐ other duties or activities that are directly related to the practice, study, teaching or propagation of religious beliefs.
General Requirements.	☐ We have provided information about compliance obligations to the pastoral applicant. ☐ We will keep all records for 7 years. ☐ We will assume responsibility for monitoring compliance for the operation of this account and have processes in place to achieve this.

Signed: _____ Date: _____

Declaration by Pastoral Applicant

I declare (with reference to the QB Guide *Exempt Benefits for QB Ministers*) that:

Declarations – please tick each box to indicate your understanding of and willingness to operate your account in accordance with the minimum stated requirements …

General requirements	☐ I have read the QB Guide *Exempt Benefits for QB Ministers* and am aware of my obligations under it, specifically, I am aware of ☐ the allowable and non-allowable expenses of this benefit. ☐ my responsibility to provide receipts / invoices for all expenses ☐ the prohibition of taking benefits as cash ☐ that benefits should be expended in the year they accrue and the balance of my account should be reduced to zero by the end of each financial year.

Signed: _____ Date: _____