

Application for Investment Account/ Amendment to Instructions

Member(s) Name: _____ Active Deposit No: _____

Member Number: _____ Client Number(s): _____

Application For Investment Account

Amendment to Instructions

Lodgement Instructions

Deposit Amount: \$ _____ Commencement Date: ____/____/____ Term: _____ Months

Interest Rate: _____ % p.a. Maturity Date: ____/____/____

Deposit is by: Cash Cheque Transfer from A/c No: _____

Interest Payment: Transfer to A/c No: _____ A/c Type: _____

Add to investment (not available for Regular Income Accounts).

Transfer to an external A/c: BSB: _____ - _____ A/c No: _____

Account Name: _____

Send a cheque to: Name: _____

Address: _____

Maturity Instructions

Principal:

Automatic reinvestment of the deposit at FCCS Credit Union's current interest rate and for a similar term.

Specify Other: _____

Signing Authority

I/We have previously advised of my/our signing instructions.

For Taxation Purposes

I/We have previously advised my/our tax file number / exemption and wish to apply it to this account.

I/We do not want to quote a Tax File Number / exemption.

I/We want to have withholding tax deducted from this account.

I/We believe the above details to be true and correct. It is an offence under the Financial Transactions Act, 1988 to make false or misleading statement.

I/We agree I am/we are liable to pay the Credit Union all government taxes and expenses incurred in relation to this deposit and the Credit Union may deducts these expenses from any account.

I/We acknowledge receipt of the documents as named below and agree to be bound by their conditions:

Privacy Notice dated ____/____/____ Accounts & Access Facilities dated: ____/____/____

Fees & Charges & Transaction Limits dated ____/____/____ Interest Rates dated: ____/____/____

Client Signature: _____ Date: ____/____/____ Client Signature: _____

Client Signature: _____ Date: ____/____/____ Client Signature: _____

Office Use Only: Completed by: Op Name: _____ Op No: _____ Date: ____/____/____

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