

Application for On-Line Saver Account

Members must have an at call transaction account with FCCS.

Member No & At Call A/c Type: _____ Client No: _____

Surname: _____ Given Name: _____ Title: _____

I/We wish to apply for an On-Line Saver Account.

I/We request that FCCS transfer a one off amount of \$ _____ from my Member No: _____ S _____ account into the new On-Line Saver Account.

Note: A one-off transfer of funds from another FCCS account can be conducted by FCCS staff when opening this account.

Sweep Authority

I/We hereby give FCCS the authority to sweep funds from my/our S70 On-Line Saver account to my/our at call transaction account to bring the at call savings account into credit as required.

At call transaction account type \$ _____ At call transaction account type \$ _____

For Taxation Purposes

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

- Privacy Notice dated ____/____/____
- Accounts and Access Facilities current as at ____/____/____
- Fees and Charges and Transaction Limits current as at ____/____/____
- Interest Rates current as at ____/____/____
- I agree to the terms and conditions of the Accounts and Access facilities as per the FCCS website document

Signature: _____ Client No: _____ Date: ____/____/____

Signature: _____ Client No: _____ Date: ____/____/____

Signature: _____ Client No: _____ Date: ____/____/____

Signature: _____ Client No: _____ Date: ____/____/____

Office Use Only:

Completed by: Op Name: _____ Op No: _____ Date: ____/____/____

F0007 - Jan14