

Application for At Call & Special Purpose Account

Member Name: _____ Client No: _____

Member Name: _____ Client No: _____

Member Name: _____ Client No: _____

I/We wish to apply for:

Accounts

- | | |
|--|--|
| <input type="checkbox"/> Share Account S95 | <input type="checkbox"/> S6 Insurance |
| <input type="checkbox"/> S1 Total Access | <input type="checkbox"/> S55 Achieve Savers |
| <input type="checkbox"/> S13 Redi Access | <input type="checkbox"/> S60 Access Saver |
| <input type="checkbox"/> S5 Savings Passbook | <input type="checkbox"/> S7 Budget |
| <input type="checkbox"/> S65 Senior Savers | <input type="checkbox"/> S75 Superfund Maximiser |
| <input type="checkbox"/> S2 Christmas | <input type="checkbox"/> S80 iSaver |
| | <input type="checkbox"/> Other (please specify)
_____ |

Facilities

- Internet Banking
 Redicard
 Personal Cheque

Account Details

\$10.00 share collected \$2.00 share collected Email Address: _____

Signing Authority

If more than one signatory, tick appropriate box: all must sign anyone can sign any _____ can sign

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 Transaction Act, 1988 to make false or misleading statements.

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

- Privacy Notice dated ___/___/___
- Accounts and Access Facilities dated ___/___/___
- Fees and Charges and Transaction Limits dated ___/___/___
- Interest Rates dated ___/___/___

I agree to the terms and conditions of the Accounts and Access facilities as per the FCCS website document current as at ___/___/___

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: ___/___/___

Checked by: Initials / Op No: _____

F0006 - Mar18