



# Application for Change of Account Type

Police & Nurses Credit Society Limited PO Box 8609, Perth BC,  
 ABN 69 087 651 876 Western Australia 6849  
 AFSL/ACL 240701 Telephone 13 25 77  
 Level 7, 130 Stirling Street Fax (08) 9219 7660  
 Perth WA 6000 www.pncs.com.au



## MEMBER DETAILS

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_  
 Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

## CHANGE OF ACCOUNT TYPE

Please transfer balance of account and all **eligible** services. (Note: the following services are not available with all account types: overdraft, member cheque book, card access, direct debit and auto transfer. Those facilities that are not available will be closed.)

**From:** Account Number \_\_\_\_\_ Description \_\_\_\_\_ **To:** Description \_\_\_\_\_

If this request to change account type is as a result of the closure of a Mortgage Offset Account, the new account type must be a Transactional Savings Account, not a Special Purpose Account. If no account type is selected, we will automatically transfer your current Account to a FairSaver account and any ineligible services will be closed.

## SIGNATURE VERIFICATION

I/We accept the Terms & Conditions of the new account type as requested above. I/We acknowledge that only eligible facilities will be transferred to my new account type.

Signature One  Signature Two Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Please view the current account attributes to determine which facilities are eligible to be transferred and which facilities must be closed. Please obtain all supporting facility closure documents.

	Member Advised	Closure form obtained	Converted	Closed
Overdraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Cheque Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Debits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Access	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
Auto Transfers	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>

Always answer "YES" to the Phoenix questions #4598 and #1611 in relation to the new class values and pending charges.

### Disclosure documents

- Savings and Transaction Products, Product Disclosure Statement
- Savings Account Schedule of Access, Fees & Charges,
- Investments and Savings Rates Schedule

### Method of disclosure to the member

- Handed
- Posted
- Emailed

Operator Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Transfer Complete