



# Application for New Savings Account (inc. Mortgage Breaker Savings Account)

Police & Nurses Credit Society Limited  
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AFSL/ACL 240701  
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## MEMBER DETAILS

### Primary Holder

Member Number \_\_\_\_\_  
Title & First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Suburb \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

### Secondary Holder

Member Number \_\_\_\_\_  
Title & First Name \_\_\_\_\_  
Surname \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Suburb \_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

## NEW ACCOUNT TO BE OPENED

Please complete account type/s\* (**Note:** Members must have a qualifying home loan to apply for a Mortgage Breaker Savings Account.)

Account Description

Account Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Method of Operation** (please select one)

Either to sign

Both to sign

If a method is not selected we will consider the method of operation for this account to be "either to sign".

## AUTHORISATION

**X**

Primary Holder

**X**

Secondary Holder

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE ONLY

Account opened

Card linkage complete (if applicable)

Any changes to Direct Entry

Disclosure Documents Issued:

Savings and Transaction Products Product Disclosure Statement

Savings Account Schedule of Access and Fees & Charges

Investments and Savings Rates Schedule

Password quoted

Method of disclosure to the member

Handed

Posted

Emailed

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_