Term Deposit Application/ Rollover Instructions

Police & Nurses Credit Society Limited
ABN 69 087 651 876
AFSL 240701
Level 7, 130 Stirling Street
Perth WA 6000

PO Box 8609, Perth BC,
Western Australia 6849
Telephone 13 25 77
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POLICE&NURSES
MUTUAL BANKING

Name _____ Membership Number _____

Name _____ Membership Number _____

☐ New Maturity Date _____

☐ Renewal Account Number _____

PRINCIPAL

Amount $_____ Term _____ Year/Month(s)

Rate _____ % pa (Refer to our rate sheet)

Interest to be paid

☐ Monthly ☐ Quarterly ☐ Annually (Regular Income Term Deposits only) ☐ On maturity

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".

INTEREST *Note: Interest cheque cannot be paid to a third party

Please disburse my interest/balance as follows – please tick

☐ Capitilize _____

☐ Cheque _____

☐ Transfer to Police & Nurses Member No. _____ Account No. _____

Police & Nurses Member No. _____ Account No. _____

☐ Transfer to other financial institution BSB _____ Account No. _____

Account Name _____

REDEMPTION

Reason for redemption Interest Rate ☐ Other Financial Institution details_____

Funds required for other purposes ☐

Cheque payable to _____ Amount $ _____

Transfer to Member No. _____ Account No. _____ Amount $ _____

Member No. _____ Account No. _____ Amount $ _____

Transfer to other financial institution BSB _____ Account No. _____

Account Name _____

1.1 I/We hereby request that the Society invest/redeem the funds as described above.

1.2 I/We agree to the Terms & Conditions of the account.

X	X
Signature One	Signature Two

OFFICE USE ONLY

Non standard rate authorised by _____ (Operator name/no)

_____/_____/_____	_____	_____	_____
Date Received	Signature of Receiving Officer	Operator No.	Loaded by

Disclosure Documents Issued

☐ Term Deposit PDS ☐ Term Deposits and Savings Rates Schedule ☐ Certificate issued

Method of disclosure to the member ☐ handed ☐ posted ☐ emailed