

membership application - personal

accounts & access services

'N' Number: _____ Membership Number: _____

primary member personal details

title Mr Mrs Miss Ms other _____ surname _____

first name _____ middle name(s) _____

other names commonly known by (not nicknames) _____ male female

postal address _____
_____ postcode _____

home address same as above as below _____
_____ postcode _____

home phone _____ work phone _____

mobile phone _____ fax number _____

email _____ date of birth _____

are you a permanent Australian resident? yes no

employer name _____ occupation _____

employer address _____ postcode _____

length of employment _____ employment type permanent full time permanent part time casual

reason for joining - convenience rates & fees branch location advertising
 sponsorship website mobile manager visit recommendation by family/friend

industry type - banking & finance building & construction charity/non-profit org mining & energy health
 motor vehicle industry racing & gambling tourism & hospitality transport retail
 education private-catholic private-non catholic student teacher other
 university other education education link tafe

account selection

Conditions of use apply to these accounts. Details are available on request or will be provided at the time of your application. Please tick the accounts you require.

- | | |
|--|---|
| <input type="checkbox"/> everyday account | <input type="checkbox"/> online savings account |
| <input type="checkbox"/> christmas savings account | <input type="checkbox"/> bonus savings account |
| <input type="checkbox"/> childrens savings account | <input type="checkbox"/> retirement deeming account |
| <input type="checkbox"/> 100% off-set account | <input type="checkbox"/> tertiary students account |
| <input type="checkbox"/> cash management account | |

PLEASE NOTE:

To open [joint accounts](#) please use form FRM_F054 - new accounts & access services.
The First Home Saver account requires a separate application.

access & service options

Conditions apply to the use of these services. Details are available on request or will be provided at the time of your application. Please tick the access options and services you require.

- access code** - please complete your personal access code number in the spaces available on this form.
- online access** - internet banking, BPay - We will provide your initial internet banking password.
- eStatements** - receive your statements via internet banking. email address for eStatement notification _____
- phone banking & BPay** - we will provide your initial phone banking password.
- sms alerts** - attach a completed new accounts & services form (F054).
- payroll & direct credit** - attach a completed payroll authority (F238).
- lending product** - attach a completed loan application (L001).
- cheque book** - attach a completed cheque account signatory card (F023).
link cheque facility to account _____
- 30 leaf book 100 leaf book

cards - cards and PINs will be sent by separate mail. Visa Card is not available on accounts where multiple signatures are required to transact.

- Redicard
- VISA debit card
previous residential address if less than 3 years at current address _____

State whether you are currently buying renting own home
length of years at this residence _____
employer name & address _____

occupation _____
length of service _____ work ph no. _____
type of employment _____
 full-time perm part-time casual other
drivers lic no. _____ expiry date _____

linking accounts -

1st savings _____
full access from eftpos, bank@post and all atms

2nd savings _____
access from rediATMs & bank@post

3rd savings _____
access from rediATMs only

loan account _____
access for deposits at bank@post only

visa posting account _____
access for visa card purchases only

declaration

- I certify that the details contained within this form are true and correct and hereby apply for Membership and one \$2 share in Credit Union SA Ltd. I understand my membership cannot be activated until I have paid my \$2 share. I agree to be bound by Credit Union SA's current Constitution and any future amendments (a copy of the Constitution is available on request).
- The Bond of Credit Union SA membership comprises of the education community, energy industry and other groups as defined within the Bond. Membership applications outside this Bond are subject to approval.
- I acknowledge that accounts and services may not be provided if my application is not approved.
- The details provided in this application are true and correct. I acknowledge that it is an offence under Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.
- I understand that Credit Union SA will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) and that it may take steps to verify the personal information it has collected from me. I consent to the collection, use, handling, disclosure and verification of personal information as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth). I understand that if I provide Credit Union SA with incomplete or inaccurate information that Credit Union SA may not be able to provide me with the products or services that I am seeking.
- I acknowledge receipt of a Credit Union SA Ltd Financial Services Guide.
- I acknowledge that I have received the Conditions of Use - Savings & Investment Accounts relating to the account(s) chosen and Conditions of Use - Electronic & General Access Services for the service(s) chosen and agree to abide by these conditions of use.

member signature: _____ date: _____

The quoted **Tax File Number** (TFN) will be linked to all accounts under this membership. Members who do not quote a TFN or exemption number may be subject to TFN Withholding Tax. This notice will be destroyed once details are entered. These details cannot be retrieved or accessed by staff.

access code - select any combination of 4 to 8 characters & numbers. *DO NOT use dates of birth, phone numbers etc as it opens the possibility of fraud on your account.*

member identification worksheet

For the purpose of identifying an individual under the AML/CTF Act 2006, the persons **full name** and either their **date of birth** or **current address** as noted on their application must be verified by sighting acceptable documentation (originals or certified copies only).

Acceptable documentation is divided into 3 groups, Category A, Category B and Category C.

To identify the individual's identity the person must show:

- 2 documents from the Category A list

OR • 1 document from the Category A list **AND** 1 document from the Category B **OR** C list

OR • 1 document from the Category B list **AND** 2 documents from the Category C list

If the document contains a photograph, staff must compare the photograph to the individual. If the document contains a signature, the signature must be compared to the individual's signature on the application.

Special provisions apply to • children under 18 years of age • Foreigners • Indigenous Australians • certain recipients of Social Security benefits - please refer to & complete Section 2.

If documents have been certified, Section 3 must be completed by the authorised person.

SECTION 1		Primary Identification Process Document details
Category A	1. Current Australian passport (or one that has expired within last 2 years) 2. Current drivers licence 3. A proof of age card which contains a photograph 4. Foreign passport containing photo and name and if written in a foreign language, is accompanied by an English translation prepared by an accredited translator.	
Category B	1. Birth certificate or extract of birth certificate 2. Australian citizenship certificate 3. A pension card issued by Centrelink 4. An electoral enrolment card 5. Teachers Registration Certificate 6. Loan document held by a Financial Institution 7. Mortgage records of another Financial Institution 8. Land Title Office records 9. Department of Veteran's Affairs card or any other entitlement card issued by the Australian government	
Category C	1. Benefit notice issued by Australian, State or Territory governments within last 12 months 2. Tax assessment notice issued by the ATO within last 12 months 3. Council rates notice or utilities bill issued within last 3 months (with residential address) 4. Medicare card 5. Marriage Certificate 6. A statement from another FI 7. Credit/Debit Card from another FI 8. Student Identification Card	

Complete following details where appropriate:

Category -please circle	A / B / C	A / B / C	A / B / C
Type of document			
Document Number			
Person to whom it relates			
Date of birth			
Place of residence (address on document)			
Date of issue			
Place/Office of issue			
Expiry date			

..... continue overleaf for Section 2 & 3

SECTION 2**Special Provisions - complete 1, 2, 3 or 4.****1. Minors (Under 18 years of age)**

A Child under 18 years of age requires a Birth Certificate or an Extract of Birth Certificate (original or certified) - complete details in table below.

2. Non-resident of Australia

One of the following documents and one document from Category C under Section 1 (with English translation as required) - complete details in table below.

1. Current passport 2. Citizenship certificate issued by a foreign government 3. Birth certificate issued by a foreign government

PLUS COMPLETE ALL OF THE FOLLOWING INFORMATION

1. My Nationality is _____ 2. Occupation _____
 3. Does your occupation involve a public function ie. Government position, local councillor etc? Yes No
 4. Do you have a relative who holds a similar role? Yes No

3. Indigenous Australians

The following document must be sighted & the original attached to this form. A written reference from a community leader, addressed to Credit Union SA Ltd verifying their full name & current address. A community Leader includes:

- Person who is recognised by the members of the community to be a community elder; or
- If there is an elected Aboriginal council that represents the community - an elected member of the council.

4. Certain Recipients of a Social Security Payments

The Social Security recipient must produce BOTH of the following documents. The original letter of Introduction must be attached to this form.

- Original letter of introduction from a Centrelink Officer which includes the person's current address, is signed by the individual, signed by the Centrelink Officer, states that the individual is the recipient of a social security payment & that the individual's signature has been verified from Centrelink's records.
 Name as on Centrelink letter Address in Centrelink letter

- Birth Certificate or Extract of Birth Certificate

Name as on Certificate Doc Reference Number Date of Birth Issue Date

Complete following details where appropriate:

Type of document			
Document Number			
Person to whom it relates			
Date of birth			
Place of residence (address on document)			
Date of issue			
Place/Office of issue			
Expiry date			

SECTION 3**Certification Details**

Refer to Section 1 for combinations of documents required.

Persons authorised to certify identification documents (if certified, tick appropriate box and complete details below)

- | | |
|---|---|
| <input type="checkbox"/> Legal Practitioner | <input type="checkbox"/> Agent of the Australia Post |
| <input type="checkbox"/> Judges | <input type="checkbox"/> Employee of the Australia Post (2 years service) |
| <input type="checkbox"/> Magistrates | <input type="checkbox"/> Australian Consular or Diplomatic Officer |
| <input type="checkbox"/> Chief Executive Officer of a Federal Court | <input type="checkbox"/> Officer of Financial Institution (2 years service) |
| <input type="checkbox"/> Registrar or Deputy Registrar of a court | <input type="checkbox"/> Finance Company Officer (2 years service) |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Officer or authorised representative of AFS licensee (2 years service). ie Credit Union or Bank Officer etc. |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> Accountants (members of recognised accounting body) |
| <input type="checkbox"/> Police Officer | |

Please print -

Name _____

Residential Address _____
 (PO Box not acceptable)

Phone No. _____

I have examined the original identification documents listed and certify that the copies attached are true copies of the originals which I have sighted.

Signature _____

Registration No. _____
 (if applicable)

office use only

verified by (name):

signature:

date: