

# first home saver account application

To open a first home saver account (FHSA), you must:

- be at least 18 years of age and not older than 64 years of age
- have a TFN you can quote in your application
- have not previously owned a home in Australia or Norfolk Island that has been your main residence.

If you have a first home saver account with another account provider and wish to change providers, you can use this form to authorise your new provider to transfer the balance of your current account to the new account.

## Instructions for completing the form

### Account Holder

- If you are opening a new account, complete Section A only.
- If you are opening a new account and want to transfer the balance of an existing first home saver account to this new account, complete Sections A & B.
- If you are opening a new account with a new provider after the purchase of a dwelling did not proceed, complete Sections A & B.

### Account Provider

- If the account holder has requested the balance of their current account be transferred to their new account with your organisation, complete Section C and send the completed form to their current provider.
- If you are the current account provider, complete Section D and return the form with the funds to the new account provider.

## Section A

Membership number \_\_\_\_\_ *(if not a member please complete a Membership Application (FRM\_ F014))*

Mr/Mrs/Miss/Ms      date of birth \_\_\_\_\_       male    female

Surname \_\_\_\_\_      Given names \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_  
*(if different from above)*

Email address \_\_\_\_\_      Contact phone no. \_\_\_\_\_

### I declare that:

- I have read and understand the eligibility conditions for FHSA and that I am eligible to open a FHSA and I have been provided with a FHSA PDS.
- I have never owned or jointly owned a dwelling that has been my main residence in Australia or Norfolk Island, and one of the following applies.
- I have never held another FHSA.
- I currently have an FHSA but I want the balance of my existing FHSA transferred to the new FHSA I am now opening - *if so, complete transfer authority section B overleaf.*
- My Tax File Number is \_\_\_\_\_  
Under the First Home Saver Accounts Act 2008, Credit Union SA is authorised to collect your tax file number and other information about your FHSA. Although you are not obliged to provide your tax file number, we can not open an FHSA for you without it. We can only use your tax file number for lawful purposes. We are authorised to, and will, disclose your tax file number and other information to the Commissioner of Taxation. If you later transfer the balance of your account to a super fund or to another provider, your tax file number must also be disclosed to that fund or provider.
- I have held a FHSA which was closed for one of the following reasons:
- The purchase of a dwelling that was to become my main residence did not eventuate and I am opening this new FHSA within six months of closing the previous FHSA.
- I closed the FHSA within the cooling-off period and I am now opening this new FHSA.

signature \_\_\_\_\_ date \_\_\_\_\_

*NB: If you make a false or misleading statement, there are significant penalties and you may be prosecuted.*

### office use only:

#### SECTION 1 - to be completed by branch

- PDS provided & logged in Prosper

taken by \_\_\_\_\_

branch \_\_\_\_\_

date \_\_\_\_\_

#### SECTION 2 - to be completed by m/ship officer

account number \_\_\_\_\_

processed by \_\_\_\_\_

date \_\_\_\_\_

#### SECTION 3 - to be completed by Member Admin Manager (if FHSA is being transferred from another FI) on receipt of information from other FI

- YTD customer deposits - updated
- No. of years deposits exceed threshold - updated
- Date original FHSA opened - additional field updated

processed by \_\_\_\_\_  
date \_\_\_\_\_

**Section B - changing account providers**

Only complete this section if you are the account holder and either of the following applies:

- you have a first home saver account with another provider and intend to transfer the balance of that account to this new account.
- you are recontributing to a new provider because the purchase of a dwelling did not proceed.

**Transfer Authority**

Your name as it appears on your first home saver account statement \_\_\_\_\_

Account identifier - eg. BSB/account number \_\_\_\_\_

Client identifier/reference number \_\_\_\_\_

Account provider's name \_\_\_\_\_ Account provider's ABN \_\_\_\_\_

**authority to transfer** - I authorise my first home saver account provider to arrange for the balance of my existing account to be transferred to the new account, and for my previous first home saver account provider to close my account once the transfer is completed.

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only - to be completed by new account provider (Credit Union SA)**

**Section C - transfer or retribute to a new account provider**

You must complete section C and send the form to the existing account provider if one of the following applies:

- the account holder has an existing first home saver account with another provider and has requested the balance of that account be transferred to this account.
- you are recontributing to a new provider because the purchase of a dwelling did not proceed.

**New** first home saver account provider's name \_\_\_\_\_

Account identifier - BSB 805-007 account number \_\_\_\_\_ ABN \_\_\_\_\_

Postal address \_\_\_\_\_

Contact person's name \_\_\_\_\_ Contact person's email \_\_\_\_\_

Contact person's phone no. \_\_\_\_\_ Contact person's fax no. \_\_\_\_\_

**Office Use Only - to be completed by current account provider (other FI)**

**Section D - existing or previous account provider**

If you have received this form as the existing or previous account provider, you must **complete the details below and send the balance of the first home saver account (if applicable) and completed form back to the new account provider** in section C. You must also close the first home saver account and report the closure in your *FHSA activity report*.

**Existing** first home saver account provider's name \_\_\_\_\_

Account holder's reference number \_\_\_\_\_ ABN \_\_\_\_\_

Date the first home saver account was opened \_\_\_\_\_

Amount transferred or recontirbuted to a new provider \_\_\_\_\_

Date amount transferred to new provider \_\_\_\_\_ Closing/payment reason code \_\_\_\_\_

Account holder's current financial year personal contributions made before the transfer \_\_\_\_\_

Account holder's number of financial years with personal contributions of \$1000 or more \_\_\_\_\_

Account holder personal account balance cap \_\_\_\_\_

Address of house or land purchased if different to address at Section A \_\_\_\_\_

Date of purchase \_\_\_\_\_ Provider's contact name \_\_\_\_\_

Provider's phone no. \_\_\_\_\_ Provider's fax no. \_\_\_\_\_