



Term Deposit Application

T 02 9859 0585 F 02 9859 0555 P PO Box 1967 Macquarie Centre 2113

ABN 77 087 650 217 AFSL/Australian Credit Licence 240807

Membership Details			
Member Name			Member No.
Address:			
Telephone Nos:	W:	H:	M:

Term Deposit Details			
I/We hereby apply for a term deposit consisting of:			
Deposit Amount	\$	Length of term	months at an Interest of
Deposit made by <input type="checkbox"/> Accepting my cheque / cash for \$ and / or; <input type="checkbox"/> Transferring \$ from my Member No. S			

Principal Instructions – On Maturity	
Please select one	
<input type="checkbox"/>	Renew the term deposit at the same term and at the rate of interest applicable on maturity (unless I Instruct otherwise)
<input type="checkbox"/>	Alternate Instructions (Please provide details)

Interest Maturity Instructions	
Interest is to be paid:	
NB: Monthly and quarterly interest is available on 12 month terms only	
<input type="checkbox"/>	Maturity
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Quarterly
By:	
<input type="checkbox"/>	Transferring to my/our account S
<input type="checkbox"/>	Reinvesting at maturity
<input type="checkbox"/>	Post a cheque to mailing address
Have you lodged your Tax File Number?	
Quoting your tax file number is not compulsory, failing to declare your TFN on this deposit may cause Withholding Tax to be deducted from any interest payment.	

Declaration	
I agree to abide by the Terms & Conditions supplied to me and acknowledge that my signature on this form signifies my acceptance of these Terms & Conditions	
Signature	Signature
Date: / /	Date: / /

Office Use Only:			
<input type="checkbox"/>	Signature Verified		
Term Deposit Number		Maturity Date	/ / Interest Type
Date Received	/ /	Operator Name & Number	