



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 | \$ <input type="text"/> | Length of term | <input type="text"/> months at an Interest of <input type="text"/> |
| Deposit made by | | | |
| <input type="checkbox"/> | Accepting my cheque / cash for | \$ <input type="text"/> | and / or; |
| <input type="checkbox"/> | Transferring | \$ <input type="text"/> | from my Member No. <input type="text"/> S <input type="text"/> |

| 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 | <input type="text"/> | S | <input type="text"/> | |
| <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 | <input type="text"/> | Maturity Date | <input type="text"/> / / Interest Type <input type="text"/> |
| Date Received | <input type="text"/> / / | Operator Name & Number <input type="text"/> | |