

Under 18 Membership Application



Membership Number

Police Association Credit Co-operative Limited
 ABN 33 087 651 661 AFSL 240293
 121 Cardigan Street Carlton Vic 3053
 PO Box 669, Carlton South VIC 3053
 T 13 63 73 www.policecredit.com.au

Section 1: Account Holder Details

Male Female (Please tick)

Surname

Given Name/s

D.O.B / /

Residential Address

Postcode

Mailing Address (If different from above)

Postcode

Home tel.

Mobile

Email

Section 2: Education and Working Status

Education:

Pre-School
 Primary School Student
 Secondary School Student
 Other (Please specify)

Work:

Working full time
 Working part time/casual

Are you a permanent resident of Australia? (Please tick) Yes No

If No, please provide the following information:

Country of citizenship

Visa status

Passport number (A certified copy of your passport with number, name, date of & issue country birth issue country is required).

Section 3: Related or introducing member's details

Member 1.

Surname

Given Name/s

D.O.B / /

Member no.

Relationship to under 18 Account Holder

Member 2.

Surname

Given Name/s

D.O.B / /

Member no.

Relationship to under 18 Account Holder

Section 4: Accounts (Please select either Option 1 or 2)

Option 1:

EzePac (Transaction & savings accounts-must be 15 years of age & over)

This includes the following:

- PC EzePay (S20) - includes PC Visa debit card
- PC EzeSaver (S21)
- Internet and mobile banking - pc.easynet
- Telephone banking - Rapid Response
- Member Response Centre
- eCommunications⁸ including eStatements (Please provide your Access Passwords)

Option 2:

Other Savings Accounts (Please select from the following accounts)

Little Copper Club (S3 - up to 18 years)
 easyinvest (S7)
 Bonus Saver (S8)
 Other

Products/Services

I would like to apply for:

Deposit Book *Through Westpac. Available on S1, S2, S4, S8 and loan accounts (not available with EzePac)
 eCommunications⁸ including eStatements

Access Passwords: For the Account Holder. EzePac applicants MUST complete.

Internet and mobile phone banking* - pc.easynet
 Interim Password 6-8 characters

Change to a password known only to you on first use of the service.

Telephone banking* - Rapid Response
 Interim Access Code- 4 numbers

Change to an access code known only to you on first use of the service.

Member Response Centre*
 Password 2-6 characters

Signatory Arrangements

The signatory/ies on this account will be:

Under 18 Account Holder and/or Related member/s as Authorised Signatory/ies.

Related member/s please ensure you read the Authorised Signatory statement in section 5.

Tax File Number or Exemption Details. Quoting Tax File Number is not compulsory but withholding tax may be deducted from your interest earned if you don't or you do not have an exemption. Tax File Number or Exemption Details vary for children of different ages and earning capacity and it is most strongly recommended that you contact the ATO for further information (see www.ato.gov.au). After input this record will be detached from this application and destroyed.

Section 5:

Authorised Signatory statement

Please note that the authorised signatory/ies whose name/s and specimen signature/s appear on this form, is/are authorised to:

- sign and draw cheques, withdrawal forms and other instruments on account(s) of the Account Holder;
- overdraw the savings account to any extent permitted by Police Credit including transactions by electronic, mechanical and other means;
- authorise periodical payments and direct debits;
- place money on interest bearing deposit and receive payments and interest;
- sign and give receipts for any documents or instruments in respect of any payment or transaction mentioned in the Authority;
- endorse cheques, drafts, bills of exchange, promissory notes and other instruments payable to the Account Holder or to their order.

The Authority extends to the Authorised Signatory/ies relinquishing the Authority for themselves but not to rescinding or authorizing the operation of the account by any other person/s.

This Authority commences immediately and is binding on the Account Holder and shall continue until Police Credit receives written notice at its registered office of the Authority's amendment or revocation.

The Account Holder and Authorised Signatory/ies must act in conformity with the Constitution of Police Credit (available at www.policcredit.com.au) and will be required to pay all charges arising from Police Credit acting in accordance with this Authority.

Declaration

1. I/We understand that as the Account Holder and/or Authorised Signatory/ies I/we are responsible at all times for the use and security of all Access Passwords being Access Codes, Keywords, Passwords and Personal Identification Numbers (PINs) used by anyone of us in accessing the account/s and that the Account Holder will be required to pay for losses that are suffered from any failure by either the Account Holder or Authorised Signatory/ies to properly secure and protect these and in choosing any of these numeric or alphabetical codes representing Account Holder or Authorised Signatory/ies birth dates or a recognisable parts of our names must not be used.
 2. In selecting EzePac I/we acknowledge that there is an election to receive eCommunications for the membership and all accounts held by the Account Holder and that this includes receiving eStatements where an email notification will be received that the applicable statements of accounts are available on pc.easynet.
 3. The Account Holder and/or Related/Introducing Member acknowledge the Account Holder hereby applies to be admitted to the Police Association Credit Co-operative Limited ABN 33 087 651 661 ("Police Credit") as a shareholder member and understand this requires a payment of \$10 for the allotment of ten shares (\$1.00 each) to the Account Holder.
 4. I/We understand that as the Account Holder, Related/Introducing Member and/or Authorised Signatory the account and membership will be operated in accordance with the Constitution of Police Credit and all charges imposed or levied by Police Credit in accordance with the Corporations Act and charges set from time to time in relation to the operation of the Account Holder's account/s and provision of services will be paid by or on behalf of the Account Holder.
 5. As the Account Holder* and Authorised Signatory/ies I/we have reviewed and read the relevant Terms and Conditions and Product Disclosure Statements relating to the account/s, services and access option/s that have been applied for and agree to be bound by them.
 6. As the Account Holder* and Authorised Signatory/ies I/we have read the General Information Terms and Conditions and agree to be bound by them.
 7. As the Account Holder* and Authorised Signatory/ies I/we have read the Financial Services Guide of Police Credit and the Privacy Statement contained within and I/we authorise Police Credit to use and/or disclose the Account Holder and Authorised Signatory/ies personal information for the purpose of considering this application, administering the products and services they supply to the Account Holder and where reasonably necessary in doing so to third parties associated with Police Credit and its providers
 8. As the Account Holder* and Related/Introducing Member and/or Authorised Signatory/ies I/we consent to Police Credit collecting verifying, using, handling and disclosing personal information from wme/us respectively as required pursuant to the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth) and I/we understand that it is an offence under that act to give false and misleading information and that if I/we supply incomplete or inaccurate information Police Credit may not be able to provide the products or services requested.
 9. All information and details provided by me/us in this application are true and correct.
 10. For non residents only: As the Account Holder is a non-permanent resident of Australia I/we as their parent or guardian (Related / Introducing Member) consent to Police Credit conducting a Visa Entitlement Verification Online enquiry and authorise the Department of Immigration and Citizenship to release the details of their residency status for the purposes only of assessing eligibility to open an account.
- *Where the Account Holder is of an age too young to understand his / her obligations, it is accepted that the Authorised Signatory/ies understands and accept responsibility for the operation of any account opened in the name of the Account Holder until they reach an age of understanding.

Please do not send me marketing information.

*Signature of Applicant for Membership and Account Holder

Date

Signature of Authorised Signatory/ies

1.

Date

2.

Mutual Banking Code of Practice - We undertake to comply with this Code in our dealings with you.

Office Use Only

| Initials Branch Date | | | Initials Branch Date | | | Name | | OP. No. |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| GI, T&C issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PDS At-Call Savings issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| PDS F&C issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PDS NCP issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| PDS Interest rates issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PDS Investment Accounts issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| FSG issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="text"/> |
| Eligibility Criteria Code | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RRS loaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Ten Shares purchased | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telebanking loaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| At Call Savings Account/s opened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pc.easynet loaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Investment Account opened | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PC Visa Debit Card ordered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| AML Identity verified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deposit book ordered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| AML ID loaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TFN loaded/exemption noted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| eCommunications loaded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TFN detached & destroyed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Completed Officer's Signature | | | | | | | | <input type="text"/> |
| | | | | | | | | Date / / |
| Cheque Book | | | Date ordered | | | Link No. _____ | | |
| Completed Officer's Signature | | | | | | | | <input type="text"/> |
| | | | | | | | | Date / / |



SHAREHOLDER MEMBERSHIP

RECEIVED FROM

NAME

MEMBER NO.

ADDRESS

PHONE

SIGNED

THE SUM OF \$10 BEING FULL PAYMENT FOR TEN \$1 SHARES WHICH ENTITLES THE HOLDER TO SHAREHOLDER MEMBERSHIP OF THE
 Police Association Credit Co-operative Limited ABN 33 087 651 661 AFSL 240293, 121 Cardigan Street, Carlton, 3053. T 13 63 73 F 03 9349 1631 www.policecredit.com.au



Deposit

DATE

ACCOUNT NO.

ACCOUNT NAME

DRAWER

BANK

BRANCH

AMOUNT \$

| | | | |
|---|--|--|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

PROCEEDS OF CHEQUES ARE NOT AVAILABLE UNTIL CLEARED. IF INSUFFICIENT SPACE PLEASE USE ADDITIONAL FORMS.

TOTAL CHEQUES (\$)

CASH (\$)

TOTAL DEPOSIT (\$)

PAID IN BY _____

Teller

Payroll alteration/
Commencement date

Salary Direct Credit

| | |
|---------------------------------------|----------------------|
| Surname | Given name/s |
| Employer's name | Employer's phone no. |
| Employer's address | |
| Employer's Email Address (Pay Office) | |
| Employee/Registered no. | |

I hereby authorise the paymaster to forward to Police Credit the following:

| Surname | BSB | Account Number | Amount \$ |
|---------|---------|----------------|-----------|
| | 704 230 | | |
| | 704 230 | | |
| | 704 230 | | |

Use BSB and 9 digit account number. You may need to check with your paymaster as to the number of salary deductions possible.)

I authorise the paymaster to use personal information contained in this advice for the purpose of considering this request, and if accepted, supplying and administering the facility to me for which I have requested. I understand that in order for the paymaster to supply the facility to me for which I have directed, it may be necessary for the paymaster to provide personal information contained in this form to third parties used by the paymaster and its service providers. Personal information contained within this instruction is not to be used by the employer/paymaster for any purpose other than to effect this instruction. A copy of Police Credit's Privacy Policy is available on request. This document replaces any previous authority.

| | |
|--------------------------------|------|
| Member's Authorising signature | Date |
|--------------------------------|------|

Payroll office use - verification stamp and signature

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Member Identification

Member name

In order to verify your identity, Police Credit is required to request information under the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth).

The Legislation covers the provision of the following designated services:

- Savings Account
- Loan or other Credit Facility
- First Home Savers Account
- Cheque Book
- Financial Planning Services
- Access Card
- Retirement Savings Account

If you are a **visiting a PC branch**, please present the following information as per the indicated category below. If you are returning forms **via mail**, please arrange for the identification documents below to be **presented, certified and forwarded** to Police Credit with the **Certification Form**.

Should you require any assistance with completing this process, please call Member Response on 13 63 73.

Required Documents

Please Note: Documents that contain address details must contain current residential address and any documents that contain a different name must provide additional documentation to show your change of name (ie marriage certificate issued by the Office of Births, Deaths and Marriages).

- Option 1** **Choose this option for non-standard occupations where we are unable to verify your employment (eg via payslip, employee number etc)**
Default option
1 document from Category A **and** 1 document from Category B
OR
1 document from Category A **and** 2 documents from Category C **and/or** D
(eg Driver's Licence and Birth Certificate and ATM card)
- Option 2** **Choose this option where employment is easily verifiable (eg due to providing government employee number or workplace identification)**
1 document from Category A (eg Driver's Licence or Passport)
- Option 3** **Choose this option if you are a minor under 18 years of age (see over)**
Under 18
• Not of School Age (birth certificate)
• School Age (birth certificate, passport or driver's learners permit **and** letter from school principal or other reliable and independent information available for a person under 18 years – see over)
- Option 4** **Non-resident of Australia (see over)**

Category A Documents – Primary Photographic Identification

- Current Driver's Licence
- Current Australian Passport (or one that has expired within last 2 years)
- Current Foreign Passport (or one that has expired within last 2 years)
- Current Government Issued Proof of Age Card which contains a photograph

Category B Documents – Primary Non-Photographic Identification

- Birth Certificate or Extract of Birth Certificate
- A Medicare Card, Department of Veterans' Affairs Card or any other entitlement card issued by the Australian government
- A Pension Card issued by Centrelink
- An Electoral Enrolment Card
- Australian Citizenship Certificate
- Loan Document held by another Financial Institution
- Land Title Office Records

Category C Documents – Secondary Identification

- Council Rates Notice or Utilities Bill issued within last 3 months (with residential address)
- Tax Assessment Notice issued by the ATO within last 12 months
- Benefit Notice issued by Australian, State or Territory governments within last 12 months

Category D Documents – Other Reliable and Independent Identification

- Current Credit/Debit Card (only one card per financial institution)
- Current other (non-government) Health Benefits Card
- Current Photo Identity Card for Australian Defence Forces or Federal or State Police or of an approved sub-contractor to these agencies undertaking a primary function of such agencies
- Current Firearm, Security Industry or Commercial Agents and Private Inquiry Agents operator licence issued by respective State or Federal authority
- A current Consular Photo Identity Card issued by the Department of Foreign Affairs and Trade

A Minor Under 18 Years of Age

- Not of school age**
Birth Certificate or Extract of Birth Certificate or Own Passport
- Of school age – both of the following documents**
Birth Certificate or Extract of Birth Certificate or Own Passport or Current Learner Permit as issued by Vic Roads or their interstate equivalent; **AND**
- One of the following documents
 - Notice issued by School Principal within last 3 months, showing name and residential address of child and which records the period of time the minor attended the school or;
 - Medicare card; or
 - Government issued document containing name, address and date of birth, ie Centrelink or ATO Child Support Office notice or correspondence; or
 - Concession card, current issue, eg as issued by Public Transport Commission; or
 - School Identification card, containing a photograph of the person in whose name it was issued and the contact details of the institution who issued it (ie school name); or
 - A primary document not already presented.

Non-Resident of Australia

- One or more of the following documents and one or more from Categories B, C and D:
 - Current Passport (with English translation)
 - Citizenship Certificate issued by a foreign government (with English translation)
 - Birth Certificate issued by a foreign government (with English translation)
 - A notice issued to the individual by the Commonwealth within the preceding twelve (12) months that records the provision of visa status to the individual and contains the name of the individual and their residential address

Non-Resident of Australia employed within Police Credit's core membership

- One of the ABOVE PRIMARY documents **AND**
- One document from Category B - Primary Non-Photographic Identification, **along with**
- One document from Category C OR D **AND MUST provide a** Workplace employment contract, issued within the preceding twelve (12) months that records the offer of employment, including term, where the employer is from within Police Credit's core membership (ie police, health and government).

Police Credit as a reporting entity in collecting any personal information is subject and will abide by the obligations of the Privacy Act 1988, which regulates the collection, use, disclosure, quality and security of personal information. A copy of our Privacy Statement is available from Police Credit's website or by calling our offices during business hours.

Certification Form

Categories of Certifiers

Category of referee Insert relevant number (see list below)

1. Police Officer
2. Medical Practitioner
3. Dentist
4. Nurse
5. Pharmacist
6. Minister of Religion
7. Optometrist
8. Physiotherapist
9. Registrar or Deputy Registrar of a Court
10. Justice of the Peace
11. Veterinary Surgeon
12. Accountants (Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants).
13. Officer of a Financial Institution (with five or more continuous years of service with one or more financial institutions).
14. Officer of a Finance Company (with five or more continuous years of service with one or more finance companies).
15. Legal practitioner

Contact Member Response on 13 63 73 & press 3 for further options

Certifier's details

Surname

Given Name/s

Place of Employment/Business Name (if applicable)

Address of Place of Employment/Business (PO Box not acceptable)

Business Telephone No.

Occupation (Registration No. to verify your eligibility as a certifier)

Person for whom documents are being certified

Surname

Given Name/s

Residential Address

Date of Birth

Member No. (if known)

Documents certified

Type of Document

Category

The person providing this form to you has applied for membership and services at Police Credit and requires you to certify the copy/ies of the document/s they are providing to you as a true and correct copy of the original document/s. This information is required to verify the identity of the person in compliance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) (AML/CTF Act). We remind you that it is an offence under the AML/CTF Act, to give false and misleading information. Any personal information you provide (your name and contact details) in undertaking this task will only be used by Police Credit to contact you when we verify your certification of the documents noted below.

Certifier statement

I have examined the original identification documents listed above.

I have endorsed each copy of the identification document in the following manner.

This is to certify that this is a true copy of the original which I have sighted.

Date: **eg 14.07.2009**

Title: **eg Dr. or Mr. or Mrs**

Name: **Mr John Citizen**

Registration Number (if applicable): **1234**

Signed: *John Citizen*

Signature of Certifier

Date