

product application



Customer information

Please provide your current customer details.

Customer number/s (leave blank if you are a new customer)

Name/s

Account type

Please choose your account type. Refer to our Financial Services Guide and Privacy Information and Interest Rates for more details. We will help you if you're unsure.

Everyday

- | | |
|---|---|
| <input type="checkbox"/> Everyday Account | <input type="checkbox"/> iSave Online |
| <input type="checkbox"/> Equity Extra | <input type="checkbox"/> Home Loan Offset |
| <input type="checkbox"/> Gold Class | |

Savings and Investments

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bonus Saver | <input type="checkbox"/> Access Plus |
|--------------------------------------|--------------------------------------|

Business

- | | |
|--|--|
| <input type="checkbox"/> Business Plus | <input type="checkbox"/> Community First |
|--|--|

Youth

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> MoneySense | <input type="checkbox"/> SuperSaver |
|-------------------------------------|-------------------------------------|

Facilities and services

What facilities or services would you like to add to this account?

- | | |
|--|--|
| <input type="checkbox"/> Internet banking | <input type="checkbox"/> Passcode |
| <input type="checkbox"/> SMS Alerts
balances to your mobile | <input type="checkbox"/> Visa debit card |

Signatures

I have been provided access to the disclosure documents and information relating to the products and services for which I have applied including but not limited to: Financial Services Guide & Privacy Information, Account & Access Facilities Conditions of Use, Summary of Accounts & Access Facilities, Fees Charges and Transaction Limits schedule, Interest Rate schedule.

Applicant 1

Signature <input type="text"/>	Date <input type="text"/>
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Applicant 2

Signature <input type="text"/>	Date <input type="text"/>
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Applicant 3

Signature <input type="text"/>

Applicant 4

Signature <input type="text"/>	Date <input type="text"/>
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Method of Operation

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> One to sign | <input type="checkbox"/> Two to sign |
|--------------------------------------|--------------------------------------|

Summerland Credit Union staff will complete this section

Completed by

Checked by

Account Number

- | | | |
|---|--|--|
| <input type="checkbox"/> General Advice Warning given | <input type="checkbox"/> Disclosure documents provided | <input type="checkbox"/> CRM referral actioned |
|---|--|--|