

Membership Application Form

The Police Department Employees' Credit Union Limited
 Level 27, 1 Market Street, Sydney NSW 2000 ABN 95 087 650 799. AFSL/ACL NO. 240018
 Phone: 131 PCU (131 728) Email: info@pcu.com.au Website: www.pcu.com.au
 Customs Credit Union is a division of The Police Department Employees' Credit Union Limited
 Phone: 131 728 Email: info@customscu.com.au Website: www.customscu.com.au

Membership Name / Title

Tick Membership option:

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

Note: Customs Credit Union is a wholly owned division of The Police Department Employees' Credit Union Limited.

New Member Section

Member Status

Single Joint Authority to Operate Power of Attorney

Member Details (Applicant 1)

*Required Information

Individual/Primary Joint New Existing

Member Number _____

Title* Surname*

First Name* Middle Name

Date of Birth* Preferred /Other name (if any)

Residential Address*

Unit/Floor/Street No. Street

Suburb/Town

State Postcode

Mailing address if different from residential address above

Email

Home phone* Mobile phone

Work phone Police Payroll No.

Occupation*

Employer

Member Details (Applicant 2)

*Required Information

Secondary Joint New Existing

Member Number _____

Title* Surname*

First Name* Middle Name

Date of Birth* Preferred /Other name (if any)

Residential Address*

Unit/Floor/Street No. Street

Suburb/Town

State Postcode

Mailing address if different from residential address above

Email

Home phone* Mobile phone

Work phone Police Payroll No.

Occupation*

Employer

Accounts and Products (Important - always read the Financial Services Guide before taking up any product and the Conditions of Use for our Access and Payment Services. Download your copy from the Credit Union's website. Please select the Account(s)/Product(s) you wish to open:

- | | | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> S1 Easy Access Transaction Account | <input type="checkbox"/> S23 Bonus Saver Account (available to open online) | <input type="checkbox"/> Redicard | <input type="checkbox"/> Cheque Book |
| <input type="checkbox"/> S2 Budget Manager Account | <input type="checkbox"/> Visa Debit Card | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> S3 Christmas Club Account | <input type="checkbox"/> Visa Credit Card | <input type="checkbox"/> Edvest Service (see over) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> S8 Online Supersaver Account (available to open online) | <input type="checkbox"/> Personal/Car Loans | <input type="checkbox"/> Term Deposit Account | _____ |
| <input type="checkbox"/> S15/S21 Market Linked Account | <input type="checkbox"/> Home Loans | <input type="checkbox"/> Redidial Telephone Banking | _____ |
| <input type="checkbox"/> S11 Safeguard | | <input type="checkbox"/> S16 First Home Saver | |

Method of Operation (If method of operation differs across accounts complete a new application form)

Any (one/two/etc) of the Applicant/s or signatories All of the Applicant/s or Signatories Other (please specify) _____

PLEASE SEE OVER

Authorised Signatories

Title Surname Given Names Member No.
Title Surname Given Names Member No.

Edvest Fee

I/we authorise PCU to debit my/our account each year for the annual fee (refer to our fees and charges brochure), payable pro rata for any part year, minimum fee 1/12 of annual fee. Please nominate account (circle):

S1 S2 S5 S11 S26 S29 S52

Check website for details, including FSG on above accounts.

What is the Guarantee?

When you apply to become a PCU member, you do not have to pay a membership fee. All we ask is that you guarantee to pay \$10 if PCU ever ceases to operate to the person/s managing our closure.

Junior Members

For applicants under 12 years of age, an adult must provide an indemnity on behalf of the child for amounts owing to us only if opened in child's name. For applicants from 12 to 16 years of age, an adult must consent to the opening of the account in the child's name. In signing this application form, I/we provide the consent or indemnity required for the junior member.

NB—It is an offence under the Financial Transaction Reports Act 1988 to make a false or misleading statement.

Applications and Declarations

By signing this form, I/we apply to become a Member of The Police Department Employees' Credit Union Limited ('PCU'). I/We agree that this application and these declarations apply to all my/our accounts with the Credit Union.

Identity - I/we declare that I/we have or will provide proof of identity as required by law and the names listed in the application are the only names by which I/we are known

Constitution - I/we understand that PCU is a corporation and agree to be bound by its Constitution as altered from time to time

I/we accept that this application must be approved by PCU's Board of Directors
I/We provide the \$10 guarantee required to become a Member of PCU

Privacy - I/we have received and read the Privacy Guidelines Booklet: available by visiting the Credit Union's website or visiting my/our nearest Branch.

I/we agree that PCU may send me/us marketing material (via mail or email) on PCU and third party products from time to time

I/we understand that we may instruct PCU not to send any marketing material (via mail or email) to us at any time by calling 131 728

I/we authorise PCU to provide its relevant service providers:

- any information provided by me in this document (including personal information)
- any other information (including personal information) I may provide to PCU or which they may lawfully obtain about me where the provision of such information is required or allowed by law. This includes the verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Application - I/we declare that all the information provided in this application is true, correct and not misleading; and acknowledge that PCU will rely on this information and may terminate the membership if it is not true, correct or is misleading

Product Information - I/we agree:

- to receive the Financial Services Guide (FSG) for any product in brochure form or by visiting the Credit Union's website or visiting my/our nearest Branch.
- that I/we should read the FSG before using a product and that I/we can and should download the FSG to my personal computer
- to be bound by the FSG and its terms and conditions and related conditions of use
- to obtain written confirmation of the opening or closing of any product available by calling 131 728
- that PCU may set off any debt I/we may owe the Credit Union against the credit balance of any of my/our accounts

Understanding - I/we acknowledge that I/we have been given the opportunity to ask questions about this application and have received satisfactory answers to my/our questions

Authorised Signatories - I/we have read the FSG regarding the operation of accounts by an ATO, and I/we agree that the authorised signatories identified in this application form are authorised to operate my/our accounts and I/we are responsible for all transactions completed by authorised signatories

Joint Members - We acknowledge that as joint Members we may open accounts and obtain products as individuals; and PCU may send me/us one copy of any notices or documents including account statements and variation notices

Tax File Number - It is optional to provide us with your TFN but if you do not do so, we will deduct tax from your interest earned at the highest personal income tax rate. For more information about TFNs see www.ato.gov.au. Companies may provide their ABN.

Member Signature

(1) Date / / (2) Date / /

N.B - For Junior Members between 12 and 16, the child signs as (1) and the adult as (2)

Authority to Operate / Power of Attorney

(1) Date / / (2) Date / /

MSO Use Only

MSO Name (print) _____ Checked by _____ Date / /
 TFN(s) Entered FSG Issued Date / / Operator Number _____ Access/Payment Service Letter sent

Transaction Services Use Only

Tax File Number (New Member to complete this section)

Collection of tax file numbers is authorised, and its use and disclosure are strictly regulated by the tax laws and Privacy Act. Quotation is not compulsory but tax may be taken out of your interest if you do not quote your tax file number or claim an exemption. For more information about the use of tax file numbers please phone your nearest Tax Office.

TFN Applicant 1 _____ TFN Applicant 2 _____ Exemption _____ ABN/ACN _____