

## Member Details

MEMBER NAME		MEMBER NUMBER(S)		
ADDRESS	SUBURB/TOWN	STATE	POSTCODE	
HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL ADDRESS	

## PART A

New Term Deposit (MSO Use Only)  
 Amount \$ \_\_\_\_\_ Term in months \_\_\_\_\_ Account Type \_\_\_\_\_ Deposit No. \_\_\_\_\_

**Principal Instructions on Maturity** (Note: fill out required information below, if selecting option for either cheque, transfer or deposit into Police Bank A/C)

Reinvest

Transfer to Police Bank Account 

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution 

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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**Interest Payment** (Refer to Interest Brochure and FSG to confirm interest payment on term selected)

Maturity     Fortnightly     Monthly     Six Monthly     Annually (for Terms over 12 months)

Reinvest

Transfer to Police Bank Account 

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution 

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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## PART B

Redemption on Maturity     Redemption Prior to Maturity **(Reduced Interest may apply as per Terms & Conditions)**

I/We wish to redeem (please circle) **ALL MONIES / PART THEREOF** from my/our Term Deposit

Amount \$ \_\_\_\_\_ Term Deposit No. \_\_\_\_\_ Account Type (e.g. I5) \_\_\_\_\_

Transfer to Police Bank Account 

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution 

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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New Term 

A/C TYPE (E.G. I5)	DEP NO.	MONTHS	INTEREST	PRINCIPAL
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## PART C: Alteration to Term Deposit (at Maturity only)

**ADDING FUNDS TO TERM DEPOSIT** I/We wish to add funds to my/our existing Term Deposit:

Amount \$ \_\_\_\_\_ Term Deposit No. \_\_\_\_\_ Account Type (e.g. I5) \_\_\_\_\_

Method of Payment  Cash     Transfer from 

A/C TYPE (E.G. S1)	MEMBER NO.	NAME
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**CHANGES TO TERM DEPOSIT** I/We request that the following changes be made to my/our existing Term Deposit:

Term Type \_\_\_\_\_ Deposit Number \_\_\_\_\_

New instructions for Interest Payment (refer to Interest Rate brochure and FSG to confirm Interest payment on term selected):

Maturity     Fortnightly     Monthly     Six Monthly     Annually (for Terms over 12 months)

Reinvest

Transfer to Police Bank Account 

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution 

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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I/We have received, read and understood the terms and conditions which apply to the products / service(s) applied for on this form

Signature (1)	Date	Signature (2)	Date
_____	____/____/____	_____	____/____/____

**Office Use Only** To be processed on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**MSO Use Only** Branch \_\_\_\_\_ Processing Operator Number \_\_\_\_\_ Receiving Operator Number \_\_\_\_\_

**Account Servicing Use Only** Checked by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Operator Number \_\_\_\_\_

The product issuer is: **Police Bank Ltd**