

mecu Limited • Head Office 222 High Street, Kew Victoria 3101, Australia Private Bag 12, Kew Victoria 3101, Australia
ABN 21 087 651 607 • AFSL 238431 • Telephone 132 888 • Facsimile 03 9853 9294 • BSB No. 803 140

- | | |
|--|---|
| <input type="checkbox"/> New membership | <input type="checkbox"/> Social Club |
| <input type="checkbox"/> Change to existing membership | <input type="checkbox"/> Syndicate |
| | <input type="checkbox"/> Body Corporate |
| | <input type="checkbox"/> School |

Member number

(if applicable)

Name of account

ABN

(if applicable)

contact details (Note: All correspondence will be forwarded to the contact person named in the section below)

Contact person

Surname

Contact telephone

Given names

Email address

Title

Mr Mrs Ms Miss Dr

Mailing address

 Postcode

opening an account

I/We would like to apply for a Business account (please tick)

You can also apply for the following products using their **own Application forms** (please tick for further information).

- | | | |
|--|---|---|
| <input type="checkbox"/> Term Deposit | <input type="checkbox"/> Community Access account | <input type="checkbox"/> Incentive Saver |
| <input type="checkbox"/> Cash Management account | <input type="checkbox"/> Cyber Saver account | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Cheque book | <input type="checkbox"/> Deposit book | <input type="checkbox"/> Internet Banking |

We also offer a range of personalised banking solutions (please tick for further information).

- | | | |
|---|--|---|
| <input type="checkbox"/> Property Solutions | <input type="checkbox"/> Insurance Solutions | <input type="checkbox"/> Wealth Creation & Management Solutions |
| <input type="checkbox"/> Personal Banking Solutions | <input type="checkbox"/> Travel Solutions | <input type="checkbox"/> Motoring Solutions |

Office use only

Shares paid

 / /

Op # and initials

Verified

 / /

Op # and initials

TFN loaded

 / /

Op # and initials

Passcode

 / /

Op # and initials

Prosper loaded

 / /

Op # and initials

Account opened

 / /

Op # and initials

Card Criteria met

 / /

Op # and initials

Card ordered

 / /

Op # and initials

Checking officer #

Name

Date

 / /

unincorporated body tax file number (if applicable)

Collection of Tax File Number information is authorised and regulated by tax laws and the Privacy Act. It is not an offence to choose not to quote the Tax File Number of the unincorporated body. If the Tax File Number is not quoted, Withholding Tax may be charged on the interest earned on the account. If quoted, the Tax File Number will automatically be applied to future accounts opened on the unincorporated body membership unless you instruct us otherwise.

Exemptions For details about who is exempt contact the Australian Taxation Office.

Tax file number

Exemption

telephone passcode application

As per the declaration above I have agreed to the passcode Terms and Conditions

Passcode (min 4 and max 6 characters)

Office use: Destroy after recording on system.

authorised signatories

Method of operation Any signatory to operate All must sign At least must sign

Note: Signatories must have previously completed signatory "identification verification" with **mecu** Limited as per Government requirements, otherwise they must be completed and included with this application.

Signatory 1 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home. Tel.

Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 2 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home. Tel.

Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 3 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home. Tel.

Bus. Tel.

Mob. Tel.

Email

Signature

Signatory 4 Member/Sig. # Title

Surname

Given name(s) Date of birth

Home Address

Postcode

Home. Tel.

Bus. Tel.

Mob. Tel.

Email

Signature

If you require more than four authorised signatories, please complete a Signatory Application form for Non Personal Memberships.

declaration Must be signed by all account signatories

I/We advise the information regarding this account to be true and correct. Authorised signatories detailed on this application may:

1. Sign, draw, accept, endorse or make arrangements with you regarding cheques, withdrawals, bank cheques, periodical payments, debit authorities and orders,
2. Place money on term deposits and received payments of interest.

I/We hereby apply for the opening of a Deposit Account with the Account name as indicated on page 1 of this application. I/We declare that the Deposit Account is for the use of the Unincorporated Body of natural persons to maintain a depository for funds used for mutual benefit of the group. If the Credit Union, at its discretion, permits the above account to become overdrawn, liability to the Credit Union for this account shall be joint and several for authorised signatories to this account. Immediate notification in writing is required when any change to the authorised signatories for the account is made. This authority shall remain in force until the Credit Union receives notice of cancellation signed in accordance with the operation of this account. The Credit Union is authorised to deduct from the account within this membership any applicable Credit Union and Government charges. These are detailed in our Fees and Charges brochure, and our Terms and Conditions brochure. I/We have read the relevant Terms and Conditions and agree to be bound by the disclosure of information therein. I/We have also read the **mecu** Privacy Statement and consent to the contents therein.

Signatory 1 Date / /

Signatory 3 Date / /

Signatory 2 Date / /

Signatory 4 Date / /

member identification requirements

For further information regarding **mecu's** identification requirements under Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) refer to "What Information we need from you" document.

To satisfy **mecu's** requirements in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) the following identification must be presented;

One Category A document, or one Category B and one Category C document, or one Category D document and one Category B or C document

category A documents

- Current Australian passport (or one that has expired within last 2 years)
 - Current driver licence
 - A proof of age card which contains a photograph
-

category B documents

- Birth Certificate or extract of birth certificate
 - Australian citizenship certificate
 - A pension card issued by Centrelink
 - An electoral enrolment card
 - A Medicare card, Department of Veteran's Affairs card or any other entitlement card issued by the Australian government
 - Loan document held by another Financial Institution
 - Mortgage records of another Financial Institution
 - Land Title Office Records
-

category C documents

- Benefit notice issued by Australian, State or Territory governments within last 12 months
 - Tax assessment notice issued by the ATO within last 12 months
 - Council rates notice or utilities bill issued within last 3 months (with residential address)
-

category D documents

- Current NSW Firearm, Security Industry or Commercial Agents and Private Inquiry Agents operator licence issued by NSW Roads and Traffic Authority
- Current photo identity card for Australian Defence Forces or State Police
- A current consular photo identity card issued by Department of Foreign Affairs and Trade

certification form

certifier's details

Surname	<input type="text"/>	or Business address <small>(PO Box not acceptable)</small>	<input type="text"/>
Given names	<input type="text"/>		<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr		<input type="text"/> Postcode <input type="text"/>
Occupation	<input type="text"/>	Home telephone	<input type="text"/>
Home address	<input type="text"/>	Business telephone	<input type="text"/>
	<input type="text"/>	Mobile telephone	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>	Email address <small>(personal address only)</small>	<input type="text"/>

categories of certifiers

1. Legal Practitioner
2. Judges
3. Magistrates
4. CEO of a Federal Court
5. Registrar or Deputy Registrar of a court
6. Justice of the Peace
7. Notary Public
8. Police Officer
9. Agent of Australia Post
10. Employee of Australia Post (2 years service)
11. Australian Consular or Diplomatic Officer
12. Officer of Financial Institution (2 years service)
13. Officer or authorised representative of AFS licensee
14. Accountants (members of a recognised accounting body)

Category of certifier Insert relevant number (see list above)

documents to be certified

Category of Document	<input type="checkbox"/>
Document details	
Type of document	<input type="text"/>
Person to whom it relates	<input type="text"/>
Category of Document	<input type="checkbox"/>
Document details	
Type of document	<input type="text"/>
Person to whom it relates	<input type="text"/>

certifier statement

I have examined the original identification documents listed above, and 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.

Name:

Date:

Title:

Registration Number (if applicable):

Certified copies of the identification documents need to be returned to **mequ** with this form.

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to give false and misleading information.

Signature Date / /