

## Application for Membership and Share

Surname of Applicant: Mr/Mrs/Ms/Miss \_\_\_\_\_

Other names (in Full) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Address to which notices are to be sent \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ **Tax File Number. I have been advised of the possible implications if my TFN is not supplied.**

☐ **Overseas Resident for tax purposes. If yes, country or resident** \_\_\_\_\_

☐ **Taxpayer Identification Number (TIN) or equivalent supplied for Overseas Resident**

I hereby apply to be admitted as a member of Lysaght Credit Union Ltd and to be allotted one (1) share therein and in respect of such application I lodge herewith, in accordance with the rules the sum of **\$2**, as share capital.

- If this application is approved and the share be allotted to me, I agree to pay all charges required by the Credit Union and I agree to be bound by the rules of the Credit Union and by any alterations thereof. I understand that on becoming a member of the Credit Union I am bound by the Credit Union's constitution as governed by the Corporations Act 2001 (Cth), and as altered from time to time.
- If Joint Account, any sum standing to our credit in the Credit Union at any time shall be owned jointly by us with right of survivorship, and payment to any of us or the survivors, in accordance with the authority herein given, shall be valid and discharge the Credit Union from any liability for such payment.
- The Credit Union may charge the credit balance of the deposit account of a member in relation to any debt owed by the member to the Credit Union.
- For the purposes of "Section 18 of the Financial Transaction Report Act 1988", all account and signatory information provided to the credit union on this form will apply to all accounts which may be held by the applicant with the Credit Union unless otherwise specified.
- It is an offence under the Financial Transactions Report Act 1988 to make a false or misleading statement

Please choose **ONE** statement option: ☐ Online statements **OR** ☐ Paper statements mailed to me

### **I will also require:**

☐ Visa Debit Card\*

☐ Internet Banking/APP Access

☐ Telephone Banking Access

*\*Please See Fees and Charges*

Signature of Applicant:

Signature of Witness:

\_\_\_\_\_

\_\_\_\_\_

Share number: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

**CHECKLIST**

Please ensure the following items have been completed:

☐ Issued Member our Financial Services Guide.

Please indicate method of distribution:

<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic
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☐ Issued Member our Product Disclosure Statement:

- ☐ Part 1 - Product & Services Summary
- ☐ Part 2 - Terms & Conditions
- ☐ Part 3 - Schedule of Fees & Charges
- ☐ Part 4 - Schedule of Interest Rates.

Please indicate method of distribution:

<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic
<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic
<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic
<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic

☐ Application form completed.

☐ Obtained \$2.00 for Share purchase.

☐ ID check satisfied.

☐ Tax File Number or Overseas Taxpayer Identification Number loaded.

☐ Issued Identification card.

☐ Issued Annual Report notice.

☐ Does the Member wish to opt out of Direct Marketing?

☐ File created AND Welcome letter sent.

Credit Union Officer:.....Date:.....