

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

New membership Change to existing membership Member number

child's details

Surname	<input type="text"/>	Mailing address	<input type="text"/>
Given names	<input type="text"/>		<input type="text"/>
Title	<input type="checkbox"/> Master <input type="checkbox"/> Mr <input type="checkbox"/> Miss		<input type="text"/> Postcode <input type="text"/>
Date of birth	<input type="text"/>	Home telephone	<input type="text"/>
Home address (compulsory)	<input type="text"/>	Mobile telephone	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>	Email address (personal address only)	<input type="text"/>

declaration

Delete whichever does not apply for 1A or 1B

- 1A I apply for membership of mecu Limited ABN 21 087 651 607 and the allocation of 1 x \$5 shares, I shall deposit now/agree to deposit \$5 for these shares in keeping with the constitution of mecu Limited.
- 1B I apply to change the details of the membership per details completed on this application.
- 2 If this application is accepted and the shares allocated to me, I agree to be bound by the constitution of mecu Limited and pay all charges required by mecu Limited in accordance with the Corporations Law.
- 3 I have read the relevant Terms and Conditions and agree to be bound by them and to be bound by the disclosure of information therein. I have also read the mecu Privacy Statement and consent to the contents therein.

Signature	<input type="text"/>	Witness name	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Witness signature	<input type="text"/>
(Parent or Guardian must sign if child is unable to sign)		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

opening an account

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

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

Internet Banking

account name/s

If the account is to be in joint names, then both children (or Parent/Guardian) must complete and sign the declaration on page 2.

Note: To open an account, all applicants must firstly become a 'Member' of the credit union.

Member name	<input type="text"/>	Member name	<input type="text"/>
Member number	<input type="text"/>	Member number	<input type="text"/>

Office use only

Shares paid	<input type="text"/> / <input type="text"/> / <input type="text"/>	Op # and initials	<input type="text"/>	Account number	<input type="text"/>
TFN loaded	<input type="text"/> / <input type="text"/> / <input type="text"/>	Op # and initials	<input type="text"/>	Verified	<input type="text"/> / <input type="text"/> / <input type="text"/>
Prosper loaded	<input type="text"/> / <input type="text"/> / <input type="text"/>	Op # and initials	<input type="text"/>	Passcode	<input type="text"/> / <input type="text"/> / <input type="text"/>
Checking officer #	<input type="text"/>	Name	<input type="text"/>	Account opened	<input type="text"/> / <input type="text"/> / <input type="text"/>
				Op # and initials	<input type="text"/>
				Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

please supply your tax file number

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 your Tax File Number. If your Tax File Number is not quoted you may be charged Withholding Tax on the interest that you earn. If quoted, your Tax File Number will automatically be applied to future accounts you open on this membership unless you instruct us otherwise.

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

Children under 16 Write your date of birth in the space for exemption.

For more information ask for the 'New Rules for Savings and Investments Accounts' booklet or 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

Authorised Signatories must be a member or have previously completed signatory 'identification checks' with **mecu** Limited (as per Government requirements). If not, a Signatory Application and Identification checks are required.

Surname	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>	Given name(s)	<input type="text"/>
Relationship to member	<input type="text"/>	Relationship to member	<input type="text"/>
Member No/Sig.No	<input type="text"/>	Member No/Sig.No	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>

Method of operation (please tick box)

- Parent(s)/Guardian(s) as signatories on behalf of the child
- Parent(s)/Guardian(s) as joint signatories with the child
- Child(ren) acting as sole signatory(ies)
- Other

declaration – Must be signed by all account owners (or parent/guardian if applicable)

- 1 I/We apply to open this account(s) per the details completed on this application and appoint the above people as authorised signatory(ies) to this account. They may deposit or withdraw and obtain access to any prearranged continuing credit arrangement and in accordance with Section 18N (1) (ga) (ii) of the Privacy Act (1988) may seek and obtain information relating to this account(s). I/We indemnify **mecu** Limited against any claim which may arise from those acts of an authorised signatory which are within the terms of this authority. I/we have read the relevant Terms and Conditions and agree to be bound by them and to be bound by the Disclosure of Information therein. I/We have also read the **mecu** Privacy Statement and consent to the contents therein. I/We agree to pay all charges required by **mecu** in accordance with the Corporations Law.
- 2 I/We acknowledge that I/we have received and read the relevant Terms and Conditions relating to the account that I/we have applied for. I/We further agree and accept to be bound by the terms and conditions as specified.

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

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;

- Current Australian passport (or one that has expired within last 2 years)
- or
- Current driver licence or learners permit

If these documents are not available refer to Special Requirements section on following page

member identification • special requirements

To satisfy **mecu's** requirements in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) identification must be presented to verify a person's identity. If a person cannot provide sufficient identification as required by **mecu's** normal procedures, they may be able to be verified under the following special requirements:

Both of the following documents:

Birth certificate or extract of birth certificate and either a Notice issued by school principal within last 3 months or Medicare Card

certification form

certifier's details

Surname	<input type="text"/>	or Business address (PO Box not acceptable)	<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 (personal address only)	<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

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

