

1. MEMBER DETAILS

Member

Title: Surname:

First name(s):

Residential Address:

Suburb/City:

State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Member number:

Joint Member (if applicable)

Title: Surname:

First name(s):

Residential Address:

Suburb/City:

State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

2. YOUR ATTORNEY'S INFORMATION

Applicant

Title: Surname:

First name(s):

Residential Address:

Suburb/City:

State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Date of birth:

Drivers Licence:

Joint Applicant (if applicable)

Title: Surname:

First name(s):

Residential Address:

Suburb/City:

State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Date of birth:

Drivers Licence:

3. SELECT YOUR ACCESS FACILITIES

Please tick your choice of Access Facilities

Telephone Banking Cheque Book (18 years and over) McGrath Pink Visa Debit (S21) (18 years and over)

Internet Banking Deposit Book (via NAB) Visa Debit (12 years and over)

Temporary Internet Banking Password (please enter 6-10 numbers)*

*Temporary internet password - required to be changed when you first access the internet banking service at www.communityfirst.com.au. The password must be numeric. We do not accept your date of birth.

4. POWER OF ATTORNEY

Please fill in Power of Attorney's information:

State of execution:

Date of execution:

Date of expiry:

Power of Attorney's authorisation:

Open an account:

Access account information:

Over page/



5. POWER OF ATTORNEY'S DECLARATION

As Power of Attorney's I/We declare that:

- a) I am the attorney identified in the Power of Attorney;
- b) I am authorised by the Power of Attorney to perform the transactions as stated above.
- c) I have not received notice of revocation of the Power of Attorney, and I make these declarations at the time of signing this application and each time I operate, access or conduct any activity in relation to the above account. I undertake to advise Community First Credit Union Limited in writing upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;
- d) My above personal information and security details are true and correct and I authorise Community First Credit Union Limited to verify this information; and
- e) I have read and understood the Privacy Statement issued by Community First Credit Union Limited and I consent to my personal information being collected, used and disclosed in the manner and for the purposes set out in the Privacy Statement.

I/We have read, understood the Terms and Conditions:

I/We agree to abide by the Terms and Conditions and I/We acknowledge that my/our signature(s) on this application form signifies my/our acceptance of these Terms and Conditions.

I have attached:

A certified copy of the Power of Attorney (with original certification) or:

The original Power of Attorney:

An original or certified copy of Power of Attorney's drivers licence or passport:

Attorney

Signature:

Date:

Witness

Signature:

Date: