

## 1. YOUR DETAILS

Date:  /  /

Member number:

Membership confers rights and obligations under Community First Credit Union's Constitution, a copy of which you can obtain on request.

Title:  Surname:

First name(s):  Date of Birth:  /  /  Sex: M  F

My current residential address (mandatory):

Suburb/City:  State:  Postcode:

My postal address (if different from above):

Suburb/City:  State:  Postcode:

My PRIOR residential address (recommended – to assist us in verifying your identity electronically):

Suburb/City:  State:  Postcode:

Home Tel:  Work Tel:  Email:

Mobile:  Drivers Licence Number:  Occupation:

Name of Employer:

Tax File Number - please use this TFN for all my accounts with you (if you quote your TFN, no tax will be taken out of interest paid on your Investment accounts. It is not an offence if you choose not to quote your TFN):

Are you a Politically Exposed Person who holds a prominent public position or function in a government body or an international organisation, or an immediate family member or close associate? Yes  No

Are you an Australian citizen? Yes  No  If No, what is your country of citizenship?

Are you an Australian resident? Yes  No

## 2. DELIVERY OF STATEMENTS, NOTICES AND MARKETING

If you have provided a valid email address, you will be automatically registered for our e-statements service by ticking the box below. This means that statements and notices for all your accounts with us will be delivered electronically via our secure site. We will notify you by email when your statement is available to view and download and you agree to the E-statements terms and conditions.

- I agree to the application of my email address for the above purposes and I understand that:
- The E-Statements Terms & Conditions will apply for this statement service
  - You will not post me paper statements and notices, and;
  - I can revert to receiving paper statements and notices in the post at any time by notifying Community First.
- I consent to Community First marketing material (where electronically available) to be sent to my email address.

## 3. ANNUAL REPORT

Each year we will publish our Annual Report on our website and will advise when this has been done and where you can access it. The Annual Report contains information on Community First's financial position and performance, how effectively it is being managed and about any financial risks it may face. At any stage in your Community First membership, you may elect to have a copy of the Annual Report either mailed or e-mailed to you.

## 4. OTHER SERVICES PROVIDED BY COMMUNITY FIRST CREDIT UNION

Please indicate if you are interested in:

An appointment with a Home Loan specialist:

An appointment with a Personal Loan specialist:

Free competitive insurance quotation for your home, contents, car or travel insurance:

An appointment with a financial advisor to discuss retirement planning, creating wealth or other financial planning matters:

Fixed Term Deposit:

Community First low rate VISA Credit Card:

McGrath Pink VISA Credit Card:

## 5. HOW DID YOU HEAR ABOUT US?

Please tick the most relevant box indicating where you heard about Community First Credit Union:

Local Area Advertising

Internet Advertising

My local Store

Direct Mail

Directory (e.g. Yellow Pages)

Friend

E-mail

Press Advertising

Other (Please Specify)

TV Advertising

Market Days / Expo

## 6. RELATED MEMBERSHIPS

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## 7. JOINT ACCOUNTS (if relevant)

Name of Joint owner(s):	Signature:	Member number:	Method of Operation:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Any one to sign: <input type="checkbox"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	All parties to sign: <input type="checkbox"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	Other (specify): <input style="width:95%;" type="text"/>

## 8. SELECT YOUR ACCOUNTS AND ACCESS FACILITIES

Please tick the account(s) you wish to open

### Savings

Access Account (S7) <input type="checkbox"/>	Retirement Plus Account (S4) <input type="checkbox"/>	McGrath Pink Visa Debit (S21) (18 years and over) <input type="checkbox"/>
Christmas Savings (S5) <input type="checkbox"/>	Money Market (S10) <input type="checkbox"/>	Junior Saver (S18) (under 18 years) <input type="checkbox"/>
Student Starter (S13) <input type="checkbox"/>	Bonus Saver (S9) <input type="checkbox"/>	
Autopay Account (S3) <input type="checkbox"/>	FirstBiz Online Savings (S99) <input type="checkbox"/>	

### Choice of Access Facilities

Telephone Banking <input type="checkbox"/>	Cheque Book (18 years and over) <input type="checkbox"/>	McGrath Pink Visa Debit (S21) (18 years and over) <input type="checkbox"/>
Internet Banking <input type="checkbox"/>	Deposit Book (via NAB) <input type="checkbox"/>	Visa Debit (12 years and over) <input type="checkbox"/>
Temporary Internet Banking Password (please enter 6-10 numbers)* <input style="width:100%;" type="text"/>		

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

## 9. REGISTERED BUSINESS NAME DETAILS (for sole trader and partnerships only)

Registered Business Name:  ABN:

Principal Business Address [if different from CURRENT residential address in (1)]:  
 State:  Postcode:

Principal Business Activity:

## 10. METHOD OF PAYMENT FOR \$2 SHARE

When you become a Member of Community First, we collect \$2 from you to pay for your Member share. This is fully refundable should you choose to close your Membership. Please nominate your payment method:

I will pay my \$2 share over the counter at a Community First Store OR  Please debit my \$2 share from the following nominated bank account:\*

Bank/Credit Union name:  Account name:

BSB:  Account number:

\*By nominating this account I give Community First permission to debit \$2 once only from this account for the purpose of paying for my Member share. Community First will not make any further debits or credits to this account unless otherwise requested by the account holder(s).

## 11. ACKNOWLEDGEMENT AND SIGNATURE

I submit with this application the full subscription price of \$2 for a share of Community First Credit Union. If I am less than 18 years of age, I acknowledge that this junior shareholding will convert to a full shareholding right as from attaining 18 years of age. This does not involve any change in the value of the shareholding, only a change in class and rights of the share.

I acknowledge that I am aware that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) to provide false or misleading statements, including not disclosing any other commonly known name or names, and certify the particulars on this application to be true.

Signature:  Date:

## 12. OFFICE USE ONLY

### Verification of Identity Details:

- Customer Identification Procedure - Individual performed and loaded into Member's electronic file
- Customer Identification Procedure - Sole Trader performed and loaded into Member's electronic file

- Member Identification Procedure - Partnership performed and loaded into Member's electronic file
- Confirm Business Name Search matched Business Name
- Deposit Book

### Access Facilities Action List:

- Visa Debit card ordered
- Cheque Book ordered
- Internet Banking / Phone banking activated
- Actions taken to respond to Member's requests (# 8)
- E-statements registration

### Confirmation:

Staff Member's Signature & Name:

Operator No: