

SOCIETY ACCOUNT CHANGE OF SIGNATORIES



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W bcu.com.au

DETAILS OF MEMBERSHIP

Note: if returning this application via the mail, please contact BCU Bank regarding identification.

Name of organisation _____ Member number _____
Address for notices _____ Postcode _____
Contact person _____ Phone number _____

DETAILS OF ACCOUNTS

Method of Operation (please tick one of the following):

If a method is not selected, we will consider the method of operation for all accounts of this membership to be 'any one to sign'.

any one to sign any two to sign _____
 any one to sign any two to sign _____

DETAILS OF SIGNATORIES

Signature	Name	Member number*	Add	Delete
X	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
X	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
X	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
X	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
X	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*If signatory has an account with BCU Bank please detail member number. If signatory is not an existing member we require AML/CTF Check identification.

AUTHORITY

The personal information you supply us will be held and used by us to provide you with membership and our products and services. This may include maintaining records of your membership, compliance with legislative and regulatory requirements, conducting market or member satisfaction research, and to provide you with information about other products and services, that may interest you (unless you ask us not to). Without the information we request we may be unable to provide the products and services you require.

You agree as a member that we may disclose your personal information to our agents and contractors whom we engage to assist us in providing our products and services, as otherwise allowed under the *Privacy Act 1988*, or as consented to by you. Further details, including how you may access the personal information that we hold, are in our publicly available Privacy Statement.

You consent to us sending commercial electronic messages (including messages about our products and services, and the products and services of any third party) to any electronic address which you provide or for which you are responsible. You warrant that you have authority, either as or on behalf of the electronic account holder, to provide this consent and agree that until you withdraw your consent by providing written notice to us or using an unsubscribe facility in the message, we may continue to send commercial electronic messages to those addresses.

By signing this authority you agree to its terms.

I/We declare that the answers in the foregoing statements are true and complete in every way and agree to be bound by the Terms and Conditions for any account or service.

yes no

Signed:

X _____

Primary member's Signature

Name: _____

Date: _____

X _____

Secondary member's Signature

Name: _____

Date: _____

If the signing method is two to sign, two signatures are required by existing signatories to carry out changes.

OFFICE USE ONLY

CHECKLIST

Staff are to check each box to denote information has been provided to member or action taken.

Savings Accounts

Savings _____

- Savings Accounts & Access Channels Product Disclosure Statement
- Fees and Charges
- Investments and Savings Rates Schedule

Investment Accounts

Investments _____

- Issued Term Deposit Account Product Disclosure Statement
- Method of disclosure handed posted emailed

Administration

- Internet Banking activated (if applicable)
- Investment Application/Rollover Instruction Form completed (if applicable)
- AML/CTF check
- Account/s opened
- Opening deposits processed (if applicable)
- All signatories identified in line with requirements

INCORPORATED ASSOCIATION CHECKLIST

- Constitution
- Meeting minutes/letter to specify signatories and method of operation
- ASIC search completed

UNINCORPORATED ASSOCIATION CHECKLIST

- Constitution
- Meeting minutes/letter to identify signatories

Officer _____ Operator no. _____ Signature _____ Date _____