

Application for Change of Account Type



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
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MEMBER DETAILS

Primary Member

Title _____ Surname _____
Given name/s _____
Member number _____

Secondary Member

Title _____ Surname _____
Given name/s _____
Member number _____

CHANGE OF ACCOUNT TYPE

Please transfer balance of account and all eligible services. (Note: the following services are not available with all account types: overdraft, member cheque book, card access, direct debit and auto transfer. Those facilities that are not available will be closed.)

From: _____ To: _____
Account number _____ Description _____ Description _____

If this request to change account type is as a result of the closure of a Mortgage Offset Account, the new account type must be a Transactional Savings Account, not a Special Purpose Account. If no account type is selected, we will automatically transfer your current account to an Easy pay Access Account and any ineligible services will be closed.

SIGNATURE VERIFICATION

I/We accept the Terms & Conditions of the new account type as requested above. I/We acknowledge that only eligible facilities will be transferred to my new account type.

☒

Primary member's signature

Date _____

☒

Secondary member's signature

Date _____

OFFICE USE ONLY

Please view the current account attributes to determine which facilities are eligible to be transferred and which facilities must be closed. Please obtain all supporting facility closure documents.

	Member Advised	Closure form obtained	Converted	Closed
Overdraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member cheque book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct debits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always answer "YES" to the Phoenix questions #4598 and #1611 in relation to the new class values and pending charges.

Disclosure documents

- ☐ Savings and Transaction Products, Product Disclosure Statement
☐ Fees and Charges
☐ Investments and Savings Rates Schedule

Method of disclosure to the member ☐ handed ☐ posted ☐ emailed

Operator name _____ Signature _____ Date _____

☐ Transfer complete