

Society Account Application/ Change of Signatories

Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
T 13 25 77 | W pnbank.com.au



SOCIETY ACCOUNT APPLICATION

Note: if returning this application via the mail, please contact P&N regarding identification.

Name of organisation _____

Address for notices _____ Postcode _____

Contact person _____ Phone number _____

DETAILS OF SIGNATORIES

Account number _____

Authorised Signatories (please tick one of the following)

- this is a new account
- delete existing signatories and replace with the following
- add the following to existing signatories
- delete the following signatories

Signature _____ Name _____ Member number* _____

Signature _____ Name _____ Member number* _____

Signature _____ Name _____ Member number* _____

Signature _____ Name _____ Member number* _____

Signature _____ Name _____ Member number* _____

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

Method of Operation (please tick one of the following): any one to sign any two to sign

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'.

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

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.

_____ Name _____ Date _____
Primary member's signature

_____ Name _____ Date _____
Secondary member's signature

(If two to sign, two signatures required by existing signatories)

OFFICE USE ONLY

By signing this form, you are agreeing to the changes requested on this form and agreeing to the following:

AML/CTF CHECK DOCUMENT DETAILS

ie. one photo identification document, or one non photo identification document and one secondary identification document

Type of document		
Person to whom it relates		
Date of birth (if shown)		
Residential address (if shown)		
Date of issue		
Place of issue		
Date of expiry		
Document number		

CHECKLIST

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

Disclosure Documents Issued

Financial Services Guide (all new memberships)

Savings Accounts

Savings _____

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

Investment Accounts

Investments _____

Issued Term Deposit Account Product Disclosure Statement

Cards ATM Card Visa Card

Issued Card Product Disclosure Statement

Method of disclosure handed posted emailed

Administration

- Membership opened (if applicable)
 Internet Banking activated (if applicable)
 Investment Application/Rollover Instruction Form completed (if applicable)

Officer _____ Operator no. _____ Signature _____ Date _____

INCORPORATED ASSOCIATION CHECKLIST

- Constitution
 Certificate of Registration OR
 Certificate of Incorporation
 Meeting minutes to identify signatories

UNINCORPORATED ASSOCIATION CHECKLIST

- Constitution
 Meeting minutes to identify signatories

- AML/CTF check
 Account/s opened
 Opening deposits processed (if applicable)