

Notice of Resignation of Membership



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au

MEMBER DETAILS

Title _____ Surname _____ Given name/s _____

Address _____

Suburb _____ State _____ Postcode _____ Member number _____

CLOSURE OF ACCOUNT

We're sorry that you've decided to leave us. Perhaps there is some aspect of our service which did not meet your requirements. We would appreciate you taking this opportunity to tell us. Please complete the following section (and return in the envelope provided if applicable).

Why are you leaving?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> inconvenient ATM | <input type="checkbox"/> leaving state | <input type="checkbox"/> loan declined | <input type="checkbox"/> Climate Change Policy |
| <input type="checkbox"/> loan refinanced | <input type="checkbox"/> loan repaid | <input type="checkbox"/> main banking elsewhere | |
| <input type="checkbox"/> no local branches | <input type="checkbox"/> term deposit matured | <input type="checkbox"/> unhappy with fees | |
| <input type="checkbox"/> unhappy with interest rates | <input type="checkbox"/> unhappy with product features | <input type="checkbox"/> unsatisfactory service | |

Comments you would like to make _____

Account Payout Method

- cheque
- cash
- transfer to another P&N account _____
- transfer to other financial institution: BSB _____ Account Number _____
Account Name _____

AUTHORITY

Please pay to me the balance of my account, plus interest and shares, if applicable.

I am aware that I am still responsible for any VISA/ATM/EFTPOS transactions that are presented after resignation.

_____ Date _____
Signature

_____ Name _____ Date _____
Witness signature

OFFICE USE ONLY

Please advise members that their ATM card, VISA card, auto transfers and direct debits will now be cancelled. Any regular debits via VISA will need to be cancelled/alterd by member with merchant.

- | | | |
|---|--|---|
| <input type="checkbox"/> Attributes closed | <input type="checkbox"/> Accounts closed _____ | |
| <input type="checkbox"/> Cheques destroyed | <input type="checkbox"/> Shares paid (if applicable) | <input type="checkbox"/> Deselect eStatements |
| <input type="checkbox"/> RIM status changed | <input type="checkbox"/> Cheque number (if applicable) _____ | |

Branch _____ Date _____

Completed by _____ Operator number _____

Authorising officer _____ Operator number _____