


Update account operation / Open new account / Add Debit card for individuals / Joint membership



How to lodge your application:

 bankvic.com.au

 13 63 73

 Reply Paid 90210, MELBOURNE VIC 8060
GPO Box 2074, MELBOURNE VIC 3001

 Visit a branch

This form is to update the operation of an account or to open a new account for existing member/s.

Prior to opening an account or applying for an access service, we recommend you read the relevant Terms and Conditions and Product Disclosure Statement for product information. Before proceeding with this application, we recommend that you read BankVic's Privacy Policy available at bankvic.com.au/privacy which sets out key information about why we're collecting your personal information, and how we use, disclose and secure it.

- Open New Account (Complete sections A, C & E. If joint, also complete section B.)
- Apply for Visa debit card for new or existing S1, S11 & S20 type (Complete sections A, D & E. If joint, also complete section B.)
- Change existing Individual Account to Joint Account (Complete sections A, B, C & E)
- Add/Update Authorised Signatory and/or order additional card for Authorised Signatory (Complete sections A, D & E. If joint, also complete section B.)

Nominate Account/s (S type)

A. PRIMARY ACCOUNT HOLDER DETAILS

| | | | |
|-----------|---|---------------------------------|--------------------------|
| Member no | <input type="text"/> | Surname | <input type="text"/> |
| Title | <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/> | Given name/s | <input type="text"/> |
| | | Email | <input type="text"/> |
| | | Required to receive eStatements | <input type="checkbox"/> |

IF YOUR CONTACT DETAILS HAVE RECENTLY CHANGED:

| | | | |
|-----------------|--|---------------|----------------------|
| Residential | <input type="text"/> | Home tel. | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> | Business tel. | <input type="text"/> |
| Mailing address | <input type="text"/> | Mobile | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> | Occupation | <input type="text"/> |

B. JOINT ACCOUNT HOLDER DETAILS

If applicable, please select an option below in regards to the joint account holder. Please note, if the joint account holder is not an existing BankVic member, please ask them to complete all the details below and an Application for Membership and Services form.

- Update the operation of an existing account that is in joint names
- Update the operation of an existing individual account to be in joint names
- Create a new account to be in joint names

| | | | |
|-----------|---|---------------|----------------------|
| Member no | <input type="text"/> | Surname | <input type="text"/> |
| Title | <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/> | Given name/s | <input type="text"/> |
| | | Email address | <input type="text"/> |

IF YOUR CONTACT DETAILS HAVE RECENTLY CHANGED:

| | | | |
|-----------------|--|---------------|----------------------|
| Residential | <input type="text"/> | Home tel. | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> | Business tel. | <input type="text"/> |
| Mailing address | <input type="text"/> | Mobile | <input type="text"/> |
| | <input type="text"/> Postcode <input type="text"/> | Occupation | <input type="text"/> |

METHOD OF OPERATION

- ' either to sign' – one signature is required to make any transaction on the account/s.
- ' both to sign' – both signatures are required to make any transaction on the account/s.

C. ACCOUNTS

Update existing account/s Create new account/s

Please select the account/s and products/services you wish to apply for.

TRANSACTION ACCOUNTS VISA DEBIT CARD CHEQUE BOOK

| | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Multipack (S1) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Anywhere (S11) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ezepac (S20 & S21) | <input type="checkbox"/> | <input type="checkbox"/> |

SAVINGS ACCOUNTS

| | |
|---|--|
| <input type="checkbox"/> Bonus Saver (S8) | <input type="checkbox"/> Christmas Club (S4) |
| <input type="checkbox"/> Easyinvest (S7) | <input type="checkbox"/> Investment (S2) |
| OTHER | |
| <input type="checkbox"/> Term Deposits | <input type="checkbox"/> 12-month regular income |
| <input type="checkbox"/> Other | <input type="text"/> |

D. ADD OR UPDATE AUTHORISED SIGNATORY / ORDER ADDITIONAL VISA DEBIT CARD

If you wish to add/update an authorised signatory to the account/s selected above, or order an additional Visa Debit card for the authorised signatory, please complete this section of the form.

The account holder/s appoints and authorises the below to act on their behalf to operate any single transaction to the account/s held. This authority does not extend to the signatories amending or revoking this Authority or authorising other person/s to operate the membership and/or account/s, not does it extend to the closing of any account/s.

As with all signatories to accounts, an authorised signatory must have their identity verified by BankVic. Before proceeding with this application, we recommend that you read BankVic's Privacy Policy available at bankvic.com.au/privacy which sets out key information about why we're collecting your personal information, and how we use, disclose and secure it.

If you are not a BankVic member/client, please complete the Application for Membership and Services form available at bankvic.com.au.

- Add authorised signatory
 Replace existing authorised signatory/ies
 Order additional Visa Debit card for authorised signatory (over 18 years only)

| | | | |
|------------------|---|---------------|----------------------|
| Member/Client no | <input type="text"/> | Surname | <input type="text"/> |
| Title | <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/> | Given name/s | <input type="text"/> |
| | | Date of birth | <input type="text"/> |

AUTHORISED SIGNATORY DECLARATION

ANTI-MONEY LAUNDERING AND COUNTER-TERRORISM FINANCING ACT

I declare that the information given by me is true and correct and complete and that this information will remain the property of BankVic. I understand that if I provide BankVic with incomplete or inaccurate information, BankVic may not be able to provide me with the product/service I am seeking. I note it is an offence under the Anti-Money Laundering and Counter-Terrorism financing Act 2006 to give false or misleading information. I understand that BankVic will collect personal information from me that it may take steps to verify and I consent to the collection, use, handling, disclosure and verification of this information as required by legislation. I understand that the matters set out in points 8 to 12 of the declaration below shall apply to me as if I were the applicant.

To: Police Financial Services Limited ABN 33 087 651 661 (BankVic) Please note that the following authorised signatory whose name appears above and specimen signature appears overleaf, is authorised to:

- sign and draw cheques, withdrawal forms and other instruments on account(s) of the account holder(s);
- overdraw the savings account to any extent permitted by BankVic including transactions by electronic, mechanical and other means;

- authorise periodical payments and direct debits;
- place money on interest bearing deposit and receive payments and interest;
- sign and give receipts for any documents or instruments in respect of any payment or transaction mentioned in the Authority;
- endorse cheques, drafts, bills of exchange, promissory notes and other instruments payable to the account holder(s) or to their order. This authority does not extend to the Authorised Signatory amending or revoking this Authority or authorising other person/s to operate the account.

As explained in BankVic's Privacy Policy you may be provided with direct marketing through mail, telephone, email or SMS and that you may request that BankVic and other organisations with whom BankVic has an alliance or arrangement with, not provide you with this form of communication.

To opt out, please tick here

| | |
|----------------------|---|
| <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Signature | Date |

E. ACCOUNT HOLDER/S DECLARATION

- I/We have read the sections 2.2 Single and Joint Accounts and 2.3 Joint Accounts as contained within the General Information, Terms and Conditions and agree to be bound by them.
- Where appointing an Authorised Signatory/Additional Cardholder, I/we will be responsible for all actions undertaken by the Authorised Signatory / Additional Cardholder on the account/s. I understand that giving somebody a subsidiary card gives the person access to the money in my/our account, including any credit limit. I/We will be liable for any money that the additional cardholder withdraws from my/our account using the subsidiary card. I/We have read, or agree to read by accessing BankVic's website at bankvic.com.au, the terms and conditions which explain my/our rights and obligations in relation to any subsidiary card.
- In selecting Ezepac or easyinvest accounts I/we acknowledge that access to these accounts is only available through online banking and Rapid Response banking services, the terms and conditions and your authority under methods of operation apply to the operation of this account.
- In selecting eCommunications I/we acknowledge that I/we am electing to receive eCommunications for my membership and all accounts held by me and that this includes receiving eStatements where I/we will receive an email notification that my/our statements of accounts are available via internet banking.
- I/We agree to be bound by the Constitution of BankVic and pay all charges imposed or levied by BankVic in accordance with the Corporations Act and charges set from time to time in relation to the operation of my/our account/s and provision of services.

6. I/We have reviewed and read the relevant terms and conditions and Product Disclosure Statements relating to the account/s, services and access option/s that I/we have applied for and agree to be bound by them.
7. I/We have read the General Information Terms and Conditions and agree to be bound by them.
8. I/We have received, or agree to receive by accessing BankVic's website at bankvic.com.au, BankVic's Financial Services Guide.
9. I/We acknowledge that BankVic's Privacy Policy which explains BankVic's privacy processes is available to me/us at bankvic.com.au/privacy or on request by calling Service and Sales on 13 63 73.
10. I/We authorise BankVic to use and/or disclose my/our personal information for the purpose of considering this application, administering the products and services they supply to me and where reasonably necessary in doing so to third parties associated with BankVic and its providers.
11. I/We consent to BankVic collecting verifying, using, handling and disclosing personal information from me as required pursuant to the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth) and I/we understand that it is an offence under that act to give false and misleading, information and that if I/we supply incomplete or inaccurate information BankVic may not be able to provide me with products or services.

12. All information and details provided by me/us in this application are true and correct.

As explained in BankVic's Privacy Policy you may be provided with direct marketing through mail, telephone, email or SMS and that you may request that BankVic and other organisations with which BankVic has an alliance or arrangement with, not provide you with this form of communication. If you wish to opt out, please tick below before your signature.

| | | | | | |
|--|---|---|---|---|---|
| | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> |
|--|---|---|---|---|---|

Signature of Primary Account Holder Date

To opt out of marketing material, tick here

| | | | | | |
|--|---|---|---|---|---|
| | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> | / | <input type="text"/> <input type="text"/> |
|--|---|---|---|---|---|

Signature of Joint Account Holder Date

To opt out of marketing material, tick here

Office Use Only

| | | | | | |
|----------------------------|--|----------------------------------|----------------------|----------------------------------|----------------------|
| GI,T&C issued | <input type="text"/> <input type="text"/> <input type="text"/> | RRS loaded | <input type="text"/> | Investment Account opened | <input type="text"/> |
| PDS At-Call Savings issued | <input type="text"/> <input type="text"/> <input type="text"/> | Telebanking loaded | <input type="text"/> | AML Identity verified | <input type="text"/> |
| PDS F&C issued | <input type="text"/> <input type="text"/> <input type="text"/> | Online banking & password loaded | <input type="text"/> | AML Identity verified (ASA) | <input type="text"/> |
| PDS NCP issued | <input type="text"/> <input type="text"/> <input type="text"/> | At Call Savings Account/s | <input type="text"/> | Cheque Book ordered: Link number | <input type="text"/> |
| PDS Interest rates issued | <input type="text"/> <input type="text"/> <input type="text"/> | Visa debit card ordered | <input type="text"/> | eStatements issued | <input type="text"/> |
| FSG issued | <input type="text"/> <input type="text"/> <input type="text"/> | | | | |

Name: Op no.: Completed Officer's Signature: Date: