



# Youth membership application

## 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

## A. PERSONAL DETAILS OF YOUTH APPLICANT

Title  Ms  Miss  Mr  
 Other

Surname

Given name/s

Gender  Date of birth / /

Residential address   
(PO Box not acceptable) Postcode

Mailing address   
(if different from previous)

Email address

Home tel.

Business tel.

Mobile

Member number   
(Office Use only)

## B. EDUCATION AND WORKING STATUS

Full time  Part time  Casual

**EDUCATION**  Pre-school  Primary School  Secondary School

## C. RELATED OR INTRODUCING MEMBER'S DETAILS

<b>MEMBER 1</b>	<b>MEMBER 2</b>
Member no <input type="text"/>	Member no <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Given name/s <input type="text"/>	Given name/s <input type="text"/>
Contact no. <input type="text"/>	Contact no. <input type="text"/>
Relationship to account holder <input type="text"/>	Relationship to account holder <input type="text"/>

## D. ACCOUNTS

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

TRANSACTION ACCOUNTS	SAVINGS ACCOUNTS	OTHER
VISA DEBIT CARD		
<input type="checkbox"/> Multipack (S1)	<input type="checkbox"/> Little Copper Club (S3)	<input type="checkbox"/> Term Deposits
<input type="checkbox"/> Anywhere (S11)	<input type="checkbox"/> Bonus Saver (S8)	<input type="checkbox"/> Other <input type="text"/>
<input type="checkbox"/> Ezepac (S20 & S21)	<input type="checkbox"/> Easyinvest (S7)	

## E. ACCESS AND PASSWORDS

Please nominate passwords for online and phone banking

### ONLINE AND MOBILE BANKING

Interim Password 6-8 characters.  
You will be prompted to change this password on first use of the service.

### AUTOMATED TELEPHONE BANKING

Interim Access Code - 4 numbers.  
You will be prompted to change this password on first use of the service.

## TAX FILE NUMBER OR EXEMPTION DETAILS

Quoting Tax File Number is not compulsory but withholding tax may be deducted from your interest earned if you don't or you do not have an exemption. Contact the ATO for further information. After input this record will be detached from this application and destroyed.

**SALES & SERVICING**  
**(PASSWORD WHEN YOU CONTACT US BY TELEPHONE)**

Password 2-6 characters.  
 This password can be changed at anytime by calling 13 63 73.

**F. POLITICALLY EXPOSED PERSON**

A Politically Exposed Person is an individual or immediate family member, or close associate of the individual who holds, or has held a prominent public position either domestically or internationally in a government body or an international organisation.

**I WOULD LIKE TO APPLY FOR**

- eStatements - electronic statements available via internet banking at least every three months. You will receive an email notification of when your statements are available on online banking. Update your email address via online banking - My Preferences tab and clicking My Profile.
- Deposit Book through Westpac. Available on S1, S3 and S8 accounts (not available with Ezepac)

Are you, or are you a relative or a close associate of, a Politically Exposed Person?

Yes  No

**G. NON-RESIDENT OF AUSTRALIA**

Are you a permanent resident of Australia?  Yes  No

If no, please advise current Visa status.

Are you a citizen of any other country other than Australia?  Yes  No

If yes, please list countries of citizenship

Are you a US citizen or US resident for tax purposes?  Yes  No

If yes, please provide your Taxpayer Identification Number (TIN)

Are you a resident of any other country for tax purposes? (excluding Australia and USA)  Yes  No

If yes, please provide the name of each country, a Taxpayer Identification Number (TIN) for each country or a reason why you're not providing a TIN, and an explanation if reason B is selected for a country.

Country 1  TIN

Country 1  TIN

If no TIN is provided, select a reason from the following list:

- A - This country does not issue TINs.
- B - I don't have a TIN for this country (Please attach an explanation to this form).
- C - It is not mandatory for me to disclose my TIN for this country.

Reason if no TIN (Country 1)  Reason if no TIN (Country 2)

**H. METHOD OF OPERATION**

Will the related/introducing member be acting as the authorised signatory of the account?  Yes  No (if no proceed to declaration)

If yes, please select who the authorised signatory will be:

Member 1  Member 2

Becoming an authorised signatory carries certain responsibilities. You should read our General Information Terms & Conditions or visit our website [bankvic.com.au/pds](http://bankvic.com.au/pds) for more information.

**I. DECLARATION**

1. I/We understand that as the Account holder and/or Authorised Signatory/ies, I/we are responsible at all times for the use and security of all Access Passwords being Access Codes, Keywords, Passwords and Personal Identification Numbers (PINs) used by anyone of us in accessing the account/s. The Account Holder will be required to pay for losses that are suffered from any failure by either the Account Holder or Authorised Signatory/ies to properly secure and protect these and in choosing any of these I/we must not use a numeric or alphabetical code representing Account Holder or Authorised Signatory/ies birth dates or a recognisable part of our names.
2. I apply to be admitted to the Police Financial Services Limited ABN 33 087 651 661 ("BankVic") as a shareholder member and understand this requires me to pay \$10 to be allotted to me ten shares (\$1.00 each). I further 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 accounts/s and provision of services.
3. I authorise BankVic to use and/or disclose my 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.
4. I 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 and I understand that it is an offence under that act to give false and misleading information and that if I supply incomplete or inaccurate information BankVic may not be able to provide me with products or services.
5. I have read, understood and agree to BankVic's Privacy Policy available at [bankvic.com.au/privacy](http://bankvic.com.au/privacy).
7. I have reviewed and read the General Information Terms and Conditions, relevant Terms and Conditions and Product Disclosure Statements relating to the account/s, services and access option/s that I have applied for, and agree to be bound by them.

8. I have received, or agree to receive by accessing BankVic's website at [bankvic.com.au](http://bankvic.com.au), BankVic's Financial Services Guide.

9. I have been truthful in all information provided in this application.

10. I certify that information provided in this form regarding my tax residency status is true and correct. I acknowledge that my tax information may be provided directly or indirectly, to any relevant tax authority, including the Australian Tax Office and (if applicable) exchanged with tax authorities of another country or countries in which I may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. I undertake to advise BankVic within thirty days of any change in circumstances which affects my tax residency status or where any information contained herein is no longer correct.

Note: Where the Account Holder is of an age too young to understand his / her obligations, it is accepted that the Authorised Signatory/ies understands and accept responsibility for the operation of any account opened in the name of the Account Holder until they reach an age of understanding.

/  /

Account Holder

Date

/  /

Signature 1

Date

/  /

Signature 2

Date

**Office Use Only**

	Initials	Branch	Date	Eligibility Criteria
GI, T&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	RRS loaded <input type="checkbox"/>
PDS At-Call Savings issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code <input type="checkbox"/>
PDS F&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telebanking loaded <input type="checkbox"/>
PDS NCP issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ten Shares purchased <input type="checkbox"/>
PDS Interest rates issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Internet banking loaded <input type="checkbox"/>
PDS Invest. Accounts issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	At Call Savings Account/s <input type="checkbox"/>
FSG issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	Visa debit card ordered <input type="checkbox"/>

- Investment Account opened
- Deposit book ordered
- AML Identity verified
- TFN loaded/exemption noted
- AML ID loaded
- TFN detached & destroyed
- Credit card info requested/sent/call
- eCommunications loaded

Name:

Completed Officer's Signature:

Op no.:

Date: