

Application for Change of Account Type

Police & Nurses Credit Society Limited
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NURSES FIRST
A division of
Police & Nurses Credit Society Ltd

The credit union for the
health care industry

MEMBER DETAILS

Member Name _____ Member Number _____
Member Name _____ 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 a FairSaver account and any ineligible services will be closed.

AUTHORITY

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.

_____ _____ Date ____/____/____
Signature One Signature Two

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"/>
Direct Debits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Access	<input type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
Auto Transfers	<input type="checkbox"/>	n/a	<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
 Savings Account Schedule of Access, Fees & Charges
 Investments and Savings Rates Schedule

Method of disclosure to the member

handed posted emailed

Operator Name _____ Signature _____ Date ____/____/____ Transfer Complete