



Easypay Plus Package Application Form

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



APPLICANT DETAILS

Branch Allocated _____

Primary Applicant

Member Number (if applicable) _____

Member Name _____

Contact Number _____

Secondary Applicant

Member Number (if applicable) _____

Member Name _____

Contact Number _____

APPLICATION DETAILS

I/We wish to apply for the Easypay Plus Package for the amounts detailed below:

Loan 1: Easypay Plus Home Loan _____ for the amount \$ _____

P&I repayment Interest only* repayment for a term of 3 years 5 years

Loan 2: Easypay Plus Home Loan _____ for the amount \$ _____

P&I repayment Interest only* repayment for a term of 3 years 5 years

Loan 3: _____ for the amount \$ _____

* When the interest only term expires the repayments will revert to Principal & Interest (P&I)

I/We acknowledge that to initially qualify for the Easypay Plus Package and to continue to be entitled to it:

1. The minimum total home loan borrowing with Nurses First is \$150,000 at application.
2. I/We am/are required to open and maintain the following accounts during the term of my/our Easypay Plus Home Loan, subject to the terms and conditions to be provided (which are subject to change):
 1. **Easypay Plus Home Loan**
 2. **Easypay Plus Access Account**
 - i. Please open this account: immediately at funding of my loan
 - ii. Please convert my existing transaction account (a/c number _____) to an Easypay Plus Access Account, and (if applicable), my existing Mortgage Breaker account (a/c number _____) to an Easypay Plus Mortgage Breaker Account.
 3. **Easypay Plus VISA Credit Card**
 - i. I/We acknowledge that my/our existing Easypay VISA account (a/c number _____) will be converted to an Easypay Plus VISA Account
 - ii. I/We would like to apply for an Easypay Plus VISA limit of \$ _____ (min \$3,000)
Note: an existing VISA credit limit will be adjusted accordingly
 - iii. I/We would like the co-applicant to be an additional cardholder Yes No
3. The home loan will have a Loan to Value Ratio (LVR) of _____ %
4. The minimum monthly repayment for my/our Easypay Plus Home Loan must automatically be paid from my/our Easypay Plus Access Account.
5. The Package Annual Fee will be charged to the Easypay Plus Home Loan at settlement and will subsequently be charged to the Easypay Plus Access Account on the anniversary of loan being settled.
6. If the above conditions are not complied with, I/we am/are no longer eligible to have an Easypay Plus Package and my/our accounts will be changed as below and the new account terms & conditions and fees & charges will apply
 - a. Easypay Plus Home Loan will change to an Easypay Home Loan
 - b. Easypay Plus Access Account will change to an Easypay Access Account
 - c. Easypay Plus VISA Credit Card will change to an Easypay VISA Credit Card
 - d. Easypay Plus Mortgage Breaker Account will change to an Easypay Mortgage Breaker Account
 - e. Easypay Plus Equity Access Account will change to Equity Access Account
 - f. Easypay Plus Investor Access Account will change to Investor Access Account
 - g. Easypay Plus Personal Loan will not change

I/We acknowledge that whether Nurses First chooses to offer the Easypay Plus Package and associated accounts to me/us as a result of this application, is at the discretion of Nurses First.

I/We am/are interested in taking advantage of the additional benefits offered as part of the Easypay Plus Package (please tick):

- Easypay Plus Mortgage Breaker Account
- Easypay Plus Personal Loan for the amount of \$ _____
- Home Insurance (first 12 months for the price of 11 months)
- Investor Insurance (first 12 months for the price of 11 months)
- Motor Vehicle Insurance (first 12 months for the price of 11 months)

All relevant terms and conditions and brochures for the abovementioned accounts will be provided to you.

AUTHORISATION

Primary Applicant

X

Signature

Name _____

Date ____ / ____ / ____

Secondary Applicant

X

Signature

Name _____

Date ____ / ____ / ____

OFFICE USE ONLY

Consultant Name _____ from _____ branch/broker service

Have completed and provided:

- Suitability Assessment
- Mortgage Application Form
- Membership Application Form
- Certification Form (if applicable)
- Financial Services Guide
- Credit Guide
- Easypay Plus Package General Terms & Conditions
- Savings Product Disclosure Statement
- Savings Accounts Schedule of Access Fees & Charges
- Loan Accounts Schedule of Access Fees & Charges