



# Application for New Savings Account

(Inc. Mortgage Breaker Savings Account)

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



## MEMBER DETAILS

### Primary Holder

Membership Number \_\_\_\_\_

Title &amp; Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

### Secondary Holder

Membership Number \_\_\_\_\_

Title &amp; Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

## NEW ACCOUNT TO BE OPENED

Please complete account type/s\* (**Note:** Members must have a qualifying home loan to apply for a Mortgage Breaker Savings Account.)

Account Description

Account Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Method of Operation** (please select one)
 Either to sign Both to sign

If a method is not selected we will consider the method of operation for this account to be "either to sign".

## SIGNATURE

X

Primary Holder

X

Secondary Holder

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE ONLY

 Account opened Card linkage complete (if applicable) Any changes to Direct Entry

Disclosure Documents Issued:

 Savings and Transaction Products Product Disclosure Statement Savings Account Schedule of Access and Fees and Charges Investments and Savings Rates Schedule Password quoted

Method of disclosure to the member

 Handed Posted Emailed

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Officer

Signature