



# Term Deposit Application/ Rollover Instructions

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

Name \_\_\_\_\_ Member Number \_\_\_\_\_  
Name \_\_\_\_\_ Member Number \_\_\_\_\_  
Rollover/Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Account Number \_\_\_\_\_

## APPLICATION FOR NEW TERM DEPOSIT

Please invest \$ \_\_\_\_\_ for a term of \_\_\_\_\_ months/years at the rate of \_\_\_\_\_ % pa  
(refer to our rate sheet)

Funds are paid in by:  Cash/Cheque  Transfer from Account Number \_\_\_\_\_

Interest is to be paid:  on Maturity or (Regular Income only)  Monthly  Quarterly  Annually

Interest Payment Instructions (Permanent Instruction):

Cheque to my/our address  Transfer to BSB \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Name \_\_\_\_\_

Method of Operation:  Either to sign  Both to sign (if a method is not selected, this account will be classed as either to sign)

## ROLLOVER INSTRUCTIONS FOR EXISTING TERM DEPOSIT

Please reinvest \$ \_\_\_\_\_ for a term of \_\_\_\_\_ months/years at the rate of \_\_\_\_\_ % pa  
(refer to our rate sheet)

Additional funds of \$ \_\_\_\_\_ to be paid in by:  Cash/Cheque  Transfer from Account \_\_\_\_\_

Interest is to be paid:  on Maturity or (Regular Income only)  Monthly  Quarterly  Annually

Interest Payment Instructions (Permanent Instruction):

Cheque to my/our address  Transfer to BSB \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Name \_\_\_\_\_

Method of Operation:  Either to sign  Both to sign (if a method is not selected, this account will be classed as either to sign)

## FULL / PART REDEMPTION OF MATURING TERM DEPOSIT

Please withdraw \$ \_\_\_\_\_ from my existing term deposit. Please disburse these funds by:

Cheque to account holder  Cheque payable to \_\_\_\_\_

Transfer to BSB (external accounts only) \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Name \_\_\_\_\_

Additional Information \_\_\_\_\_

## AUTHORITY

I/We hereby request that Nurses First invest/redeem the funds as described above.

I/We agree to the Terms & Conditions of the account.

**X**

Signature One

**X**

Signature Two

## OFFICE USE ONLY

Signature/s verified by: \_\_\_\_\_ (ID method used) Non-Standard rate authorised by \_\_\_\_\_

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of receiving officer \_\_\_\_\_ Op # \_\_\_\_\_

Disclosure documents issued:  Term Deposit PDS  Term Deposit and Savings Rates Schedule  Certificate issued

Method of disclosure:  Handed  Posted  Emailed

Checked by Authorised Officer (Name): \_\_\_\_\_