

Way Cool Saver Membership Request 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



NURSES FIRST
A division of
Police & Nurses Credit Society Ltd
The credit union for the
health care industry

APPLICANT DETAILS

Title Surname

Given names Date of birth / /

Home address Suburb/Town State Postcode

Postal address Suburb/Town State Postcode

Phone: Home Mobile

Email address

Identification password (4-10 characters, no numbers)

Is the child applicant an existing Nurses First member?

Yes No (please complete the Certification section of this form)

I hereby acknowledge that my child will be a \$0 shareholding member of Police & Nurses.

Yes

Please note that under the Constitution of Nurses First only a 'qualifying member' is entitled to participate in the surplus and profits should there ever be a demutualisation of the Society. A "qualifying member" means a current shareholding member who has been a member continuously for at least two years before the demutualisation occurs. This is consistent with the principle of ensuring that those shareholding members who have contributed to the success of the Society are the ones who participate in a distribution (if any) of its reserves.

I declare that the answers in the foregoing statements are true and complete in every way and agree to be bound by the Terms and Conditions for any account or service. I understand that if the applicant becomes a member, the Constitution of Nurses First will bind them.

PARENT/GUARDIAN DETAILS

Title Surname

Given names Date of birth

Home address Suburb/Town State Postcode

Postal address Suburb/Town State Postcode

Phone: Home Mobile

Email address

Is the applicant an existing Nurses First member?

Yes No (please complete Certification Form) Member Number

Tax File Number

Quotation is not compulsory but tax may be taken out of the applicant's interest if the tax file number is not quotes or evidence of exemption is not provided.

APPLICANT ACCESS

Note: only applicants aged between 12 and 15 years old are eligible for their own rediATM card access.

Would you like to order a rediATM card for this membership?

Yes No

PARENT/GUARDIAN ACCESS

Is the parent/guardian a current Netlink or Phonelink user?

Yes No

Would you like Netlink access set up for the parent/guardian to access this membership?

Yes No

AUTHORITY

The personal information you supply us will be held and used by us to consider this application for membership and to provide to the applicant our products and services. This may include maintaining records of the applicant's membership, compliance with legislative and regulatory requirements, conducting market or member satisfaction research, and to provide the applicant with information about other products and services. Without the information we request we may be unable to provide the products and services the applicant requires.

You agree that we may disclose the applicant's personal information to our agents and contractors whom we engage to assist us in providing our products and services, as otherwise allowed under the Privacy Act 1988, or as consented to by you. Further details, including how you may access the personal information that we hold, are in our publicly available Privacy Statement.

Please note that all accounts and signatory information provided to Nurses First on this form shall apply to all accounts linked to you unless otherwise specified. Proof of identity as per the Anti-Money Laundering & Counter-Terrorism Financing Act 2006 will be required.

The applicant consents to receiving information about the company, products and services in the following ways (the applicant may opt out at any time by contacting us on 13 25 77 or visiting a Nurses First branch):

Email Phone Post SMS

Signature

Date

OFFICE USE ONLY

Customer Identification & Verification (This section is recommended for use by BDOs & Mobile Consultants)

Verify parent/guardian's full name & either their date of birth or residential address.

Birth Certificate details

Type of document	
Name on document	
Document number	
Date of birth	
Residential address	
Date of issue	
Expiry date	
Place/Office of issue	

Officer Name _____ Signature _____

CHECKLIST

Staff are to check each box to denote information has been provided to member or action taken.

Disclosure Documents Issued

Financial Services Guide (all new memberships)

Savings Accounts

Savings _____

Savings and Transaction Products Product Disclosure Statement

Savings Account Schedule of Access, Fees and Charges,

Investments and Savings Rates Schedule

Advised Netlink Product Disclosure Statement (Note: The Product Disclosure Statement for Netlink will be made available online and the facility will not be made available until the members reads and acknowledgements the receipt of the PDS).

Cards ATM Card

Issued Card Product Disclosure Statement

Issued Card Conditions of Use

Method of disclosure to the member handed posted emailed

Administration

Identification achieved by: original document/s certified copies & Certification Form

Membership opened

Tax file number

Direct marketing consent recorded in Phoenix

Account/s opened

Netlink activated (if applicable)

Opening deposits processed (if applicable)

Card Request completed

Card ordered

Officer / Op number _____ Signature _____ Date _____

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