



add power of attorney to an account

Member Details (For joint accounts, please write both names)

Member Number

Full Name/s

Contact Details

Residential Address

State

Postcode

Postal Address (if different from above)

State

Postcode

Email Address

Telephone

Mobile

Home

Work

Power of Attorney Please attach a certified copy of the Power of Attorney document

Details of Power of Attorney

Signatory 1

Mr / Mrs / Miss / Ms

Date of Birth

 / /

Surname

Full Given Names

Residential Address

Postal Address

Email Address

Telephone

Mobile

Home

Work

Are you a permanent resident of Australia?

Yes No

If no, please state your country of citizenship

Existing Credit Union Member Number (if applicable)

Details of Power of Attorney

Signatory 2

Mr / Mrs / Miss / Ms

Date of Birth

 / /

Surname

Full Given Names

Residential Address

Postal Address

Email Address

Telephone

Mobile

Home

Work

Are you a permanent resident of Australia?

Yes No

If no, please state your country of citizenship

Existing Credit Union Member Number (if applicable)

Politically Exposed Person

Politically Exposed Persons may be defined as: Individuals who are or have been entrusted with prominent public functions in a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

With regard to the above definition, do you believe yourself, a member of your immediate family or a close associate, to be a Politically Exposed Person?

Signatory 1 Yes No

Signatory 2 Yes No

Please sign over page

Proving your Identity Form

Each account holder and signatory to the account must be certified using this form, unless they have been identified through an existing Credit Union account. This form must be signed and completed by an acceptable Certifier and returned along with certified copies of identification documents.

Your Privacy

The information you provide in this form is used primarily to process this application. If you do not provide the information requested, we may not be able to process your application / request.

Our Use of Your Personal Information

- We may use this information for some secondary purposes including:
 - Managing the provision of services and enforcing our rights in connection with such services.
 - Marketing the services of Victoria Teachers Credit Union, including banking, financial planning and insurance services.
 - Marketing any services which we provide with any of our commercial affiliates; and
 - Developing an understanding of the products and services you may be interested in receiving from us or our subsidiaries.

Our Disclosure of Your Personal Information

- We may disclose your personal information in the following circumstances:
 - To our contractors and services providers (*such as a mail house or commercial agent*).
 - To a credit reporting agency or debit collecting agency.
 - To our subsidiaries.
 - To an insurer who provides insurance to you or to us in respect of risks relating to you.
 - Where we are otherwise permitted by law; and
 - We do not sell, rent or lease any information about you to a third party, including e-mail listing marketing or market research companies.

Your information will be handled strictly in accordance with our Privacy Policy available at our website www.victeach.com.au and at branches on request. You may request access to the information we hold about you.

We will comply with the National Privacy Principles set out in the Privacy Act 1988 (*Commonwealth*).

If you provide information about any other person, such as a relative or referee, you agree to tell them:

- That you are providing this information to us.
- Of our contact details on this form.
- The reason you are providing their information.
- If they are a referee, the fact that we may not approve your application without the information; and
- The fact that the information may be disclosed as set out in this form.

We may use the information we have collected from you to verify your identity through the use of third party electronic data service providers.

By signing this application (*including where you sign as signatory*) you consent to the collection, use, disclosure and verification of your information as detailed above.

Power of attorney to sign Below

I / we declare the details on this form to be true, and apply for this product / service in accordance with all Terms and Conditions (*and any amendments or additions made to them*) as detailed in the Terms and Conditions.

By signing below you agree to be bound by the Declaration outlined above. Please ensure you have read and understood the Declaration before signing.

Signature

Signature

Date

Date

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