

Dear prospective Member

Thank you for your interest in joining Victoria Teachers Credit Union.

In order to open your Membership, please complete and post the following to:

Victoria Teachers Credit Union
PO Box 338
Camberwell VIC 3124

- 'Adult Application for Membership'** – all signatories must sign and complete the relevant sections on this form.
- 'Proving your Identity'** – 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.
- \$10 Membership share** - payable by cheque or money order to 'Victoria Teachers Credit Union', or by credit card. *(This amount is refundable if you close your Membership.)*

We have also provided you with all the documents you need to make switching from your old financial institution to the Credit Union easy.

Our Financial Services Guide (*FSG*) and Terms and Conditions should be read and considered before acquiring any product. These documents are available on our website **www.victeach.com.au**.

Victoria Teachers Credit Union offers a range of financial services to meet your every need. If you require any further information or assistance, please call one of our friendly Member Service Consultants on **1300 654 822**.

Yours sincerely



William Wolke
Chief Executive Officer

OFFICE USE ONLY

Member No. Branch Code

Member No.

A. Primary Account Holder

Title: Mr Mrs Miss Ms Marital Status: Married Single Defacto

Full Name: Surname Given Names

Other Names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode
(if different from above)

Home Telephone Work Telephone Mobile

Email Occupation

Are you a permanent resident of Australia? Yes No If no, please state your country of citizenship

B. Joint Account Holder/Signatory (if required)

The following details are for a: Joint Account Holder Signatory

Please select how you would like to operate this account: Any one to sign Two to sign

Please note: Where two or more signatures are required to operate this account some access channels may not be available.

Joint Account Holder/Signatory

Title: Mr Mrs Miss Ms Marital Status: Married Single Defacto

Full Name: Surname Given Names

Other Names commonly known by Date of Birth / /

Residential Address Postcode

Postal Address Postcode
(if different from above)

Home Telephone Work Telephone Mobile

Email Occupation

Are you a permanent resident of Australia? Yes No If no, please state your country of citizenship

C. Initial Deposit

Minimum \$10 (required to purchase Membership share)

\$

How to pay:

Cheque payable to Victoria Teachers Credit Union (Please include with your application)

Money Order payable to Victoria Teachers Credit Union (Please include with your application)

Visa or Mastercard (If you select this option, the Credit Union will contact you for your details)

D. Account Services

The following services can be attached to your Account:

- Visa Debit Card (Please complete Section E)
- Internet Banking and Phone Banking (Please contact the Credit Union to register for these services after your Membership has been opened)
- Deposit Book – enables you to make deposits into your Credit Union account via Commonwealth Bank branches (Please tick if you would like a Deposit Book)

E. Visa Debit Card

Primary Account Holder

Name of nearest relative (not living with you) Relationship

Address of nearest relative (not living with you) Telephone

Joint Account Holder/Signatory (if applicable)

Name of nearest relative (not living with you) Relationship

Address of nearest relative (not living with you) Telephone

F. Tax File Number

Primary

Joint/Signatory

Collection of Tax File Number (TFN) information is authorised and its use and disclosure are strictly regulated by the tax laws and the Privacy Act. It is not an offence if you choose not to quote your TFN, but if you do not, tax may be taken out of your interest. If you quote your TFN no tax will be taken out of interest paid on your deposit accounts.

G. Further Information

(i) Are you studying, teaching or employed in the education industry?

(If yes, tick one of the boxes below and then proceed to question iv. If no, proceed to question ii.)

Government

- Principal/Assistant Principal
 Primary School Teacher
 School Support Officer

Non-Government

- Principal/Assistant Principal
 Primary School Teacher
 School Support Officer

Preschool

- Preschool Teacher
 Administration Officer/Assistant

Other

- Contract Teaching Agency (please specify) _____
 Studying Teaching
 Secondary Teacher

- Working at a University/Tertiary institution
 Retired (previously worked in education industry)
 Other (please specify) _____

(ii) Are you related to anyone working in the education industry? Yes No

If yes, please specify _____

(iii) How did you hear about Victoria Teachers Credit Union?

- Relative/Associate
 Friend
 Employer
 Other (please specify) _____

(iv) Why did you join the Credit Union?

H. Privacy Information

The information you provide in this application 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.

Our use of your personal information

We may use this information for some secondary purposes including:

- Managing the provision of services to you 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.
- 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 service providers (such as a mail house or commercial agent).
- To our subsidiaries.
- To an insurer who provides insurance to you or to us in respect of risks relating to you; and
- Where we are otherwise permitted by law.

We do not sell, rent or lease any information about you to any third party, including email 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.

I. Declaration

Refer to the Financial Services Guide (FSG) and Terms and Conditions available at our branches, on our website www.victeach.com.au or by contacting us on 1300 654 822. These documents should be considered before acquiring a product.

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

- I/We are a NATURAL person and hereby apply for Membership with Victoria Teachers Credit Union Limited and in accordance with its rules.
- I acknowledge that \$10.00 will be debited from my account upon reaching the age of 18 years. This is payment for one Membership Share.
- If this application is approved and the share as aforesaid is to be allocated to me/us, I/we agree to pay all charges as may be required by the Credit Union and I/we agree to be bound by the Constitution of the Credit Union and by any alterations thereof in accordance with the Corporations Law.

- If I/we have authorised a third party to operate this Membership, I/we also authorise that person to seek access to a report within the meaning of section 18N(1)(ga) of the Privacy Act or any personal information derived from such a report about me/us, where such a report is or has been in the possession or control of Victoria Teachers Credit Union.

Disclosure of Information to a Related Entity – Under clause 23.6 of the Mutual Banking Code of Practice.

I/We acknowledge that the Credit Union has the right to disclose to a related entity:

- information necessary to enable assessment of total liabilities of the Member to the Credit Union or related entity; or
- information concerning the Member where the related entity provides financial services which are related or ancillary to those provided by the Credit Union (such as financial planning service) about me/us unless I/we specifically instruct the Credit Union not to do so.

J. Politically Exposed Persons

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?

Primary Account Holder Yes No Joint Account Holder/Signatory Yes No

K. Signature(s)

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

Primary Account Holder

Date / /

Joint Account Holder/Signatory

Date / /

servicing the education community

Information for the applicant

Why do I have to prove my identity?

Victoria Teachers Credit Union is required by Law to verify an individual's identity prior to providing access to its products and services. This is required for new Members and signatories. It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act (*Cth*) 2006 to provide false or misleading information about your identity.

When do I use this form?

This form must be completed if you are applying to become a Member of, or a signatory to an account held with Victoria Teachers Credit Union but are unable to attend one of our Member Service Centres in person. Signatories that have already been identified through an existing Victoria Teachers Credit Union account are not required to complete this form.

What is the purpose of this form?

This form has two purposes.

Firstly, it provides you with a choice of documents that you can use to prove your identity. Secondly, where you are unable to present the original documents at one of our Member Service Centres you must arrange for copies of the documents to be certified. Information and instructions for Certifiers are overleaf.

What documents can I use?

The easiest way to prove your identity is by providing a certified copy of your **Passport** or **Driver's Licence**. These documents must be valid and must display your name and current residential address or date of birth. Foreign passports must be current and be provided with an official translation.

If you do not have either of these documents then you can provide a certified copy of one document from the list entitled **List A** and one from the list entitled **List B**.

List A (any one of the following)

- Birth certificate or extract of birth certificate.
- A pension card issued by Centrelink.
- A Medicare card, Department of Veteran's Affairs card or any other entitlement card issued by the Australian Government.
- Current mortgage records of another Australian financial institution.
- An identification card issued to a student at a tertiary education institution, which contains a photograph of the person in whose name it was issued.

List B (any one of the following)

- Confirmation letter from Centrelink confirming entitlements within the last 12 months.
- Tax assessment notice issued by the Australian Tax Office within the last 12 months containing name and current residential address (*not PO Box*).
- Council rates notice or utilities bill issued within the last 3 months.
- A current periodic statement sent to you by a financial institution other than Victoria Teachers Credit Union.

I am under 18, what documents can I use?

You can provide a certified copy of your current **Passport** or **your Australian Learner Driver's Permit**. If you don't have either of these documents you must provide your **Birth Certificate** and any one of the following:

- An identification card issued to a student, which contains a photograph of the person in whose name it was issued.
- Notice issued by school Principal within the last 3 months (*containing students name and residential address and period of attendance at school*).
- A Government document containing your name, address, and date of birth (*eg. Baby Bonus or Family Tax Benefit*).
- Medicare card.

What if I don't have any of the documents listed?

Please contact one of our friendly Member Service Consultants on **1300 654 822** to discuss alternative documents you can use. You can also visit a Member Service Centre located in Camberwell or Moonee Ponds.

What am I required to do with my documents?

You must take a copy of each identification document and provide both the original and the copy to a suitable Certifier (*see list overleaf*). The Certifier must certify the copied documents as shown in the example and also complete the form overleaf. The completed form and the certified copies of your identification documents should then be forwarded to Victoria Teachers Credit Union. This form and the certified copies of your documents cannot be faxed to the Credit Union.

What are suitable categories of Certifiers?

Please note that documents can only be certified by a person on this list.

1. Legal Practitioner.
2. Full Time Teacher.
3. Medical Practitioner.
4. Nurse.
5. Justice of the Peace.
6. Police Officer.
7. Dentist.
8. Pharmacist.
9. Officer, employee or authorised representative of Australian Financial Services Licensee (2 or more years service, eg. Bank Manager, Financial Planner).
10. Accountants (2 or more years membership with Institute of Chartered Accountants, CPA Australia or National Institute of Accountants).

Information for the Certifier

How to certify documents

The Certifier must check that the copies they are certifying have been made from the original documents. They must then add the following statement and information to each page of the copied document:

I certify that this is a true copy of the original which I have sighted.

Name:

Signed:

Date:

Certifier Type:

Registration Number (if applicable):

Example:

I certify that this is a true copy of the original which I have sighted.

Date *1/2/2009*

Name *John Smith*

Signed *J Smith*

Certifier Type *Police Officer*

Registration Number (if applicable) *123456*

The Certifier must complete the following sections

Details of the person whose documents are being certified

Title: Mr Mrs Miss Ms

Full Name: Surname Given names

Residential Address (PO Box not acceptable)

Postcode

Date of Birth / /

Certifier's contact details

In some cases, Victoria Teachers Credit Union may need to contact the Certifier. For this reason, the Certifier is required to provide their contact details.

Title: Mr Mrs Miss Ms

Full Name: Surname Given names

Business or Residential Address (PO Box not acceptable)

Postcode

Occupation Category of Certifier Daytime contact number

Certifier's signature

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.

Certifier's signature

Date / /

Please complete this form and send it to your Business/Finance Manager or Payroll Officer to credit your salary to your Victoria Teachers Credit Union account.

By paying your salary into your Credit Union account, you have the convenience of:

- Paying your bills using BPAY.
- Organising loan repayments automatically.
- Accessing your funds easily via Internet Banking, Phone Banking and your Visa Debit Card.
- Setting up automatic electronic transfers between accounts.
- Making repayments on your Visa Credit Card and insurance payments instantly.

If you would like to split your salary payments into different accounts, or would like further information, call one of our friendly Member Service Consultants on 1300 654 822.

To Business/Finance Manager or Payroll Officer

From (date) please pay my salary into my Victoria Teachers Credit Union account as follows.

Net Salary or

Portion of salary (please specify amount) \$

Employee Details

Record Number / Employee Number (if applicable)

Full Name

Account Details

BSB No. Member No./Account No.

I hereby authorise the payment of my salary to Victoria Teachers Credit Union. This cancels any previous authority.

Signature Date

Terms and Conditions

1. You can have your salary or other regular payments credited to your nominated Victoria Teachers Credit Union account/s.
2. The Credit Union cannot accept deposits from a direct credit supplier that is not an approved user of the Direct Entry System.
3. The Credit Union processes direct credits no later than 9:00am on the next working day following receipt of notification from the direct credit supplier. The Credit Union is not liable for any delays that occur in posting a direct credit.
4. The Credit Union may reverse a direct credit to your account which has been received by the Credit Union on your behalf if, for any reason, the Credit Union does not receive value for the direct credit or is required to refund the direct credit in whole or in part to the direct credit supplier.
5. You must indemnify the Credit Union for any amount, which the Credit Union is required, for reasons other than its negligence, to refund to a direct credit supplier.
6. The Credit Union may charge a fee for the provision of this service. Please refer to the Credit Union's Fees and Charges brochure for details.
7. Any government charges incurred in relation to the provision of a direct credit service will be debited to the nominated account/s monthly. Please refer to the Credit Union's Fees and Charges brochure for details.
8. To stop a direct credit payment service Members will need to advise their direct credit supplier. The Credit Union cannot stop a direct credit payment on a Member's behalf.
9. The relevant provisions of the Mutual Banking Code of Practice apply to the provision of this service.

serving the education community

direct debit transfer

Direct Debit Organisation details

Dear Sir / Madam,

Change existing Direct Debit details

I/we have changed the financial institution account from which my/our direct debits are deducted. Please amend your records to make sure all future payments are deducted from my/our new account.

Name

Address

Customer Reference/Policy/Account Number

Effective from

My/Our new account details

Financial institution

BSB

Member / Account Number

Member / Account Name

If you have any queries please contact me/us on

Yours sincerely,

Signature

Date

direct credit transfer

Direct Credit Organisation Details

Dear Sir/Madam,

Change existing Direct Credit details

I/we have changed the financial institution account to which my/our direct credits are deposited into. Please amend your records to make sure all future payments are deposited to my/our new account.

Name

Address

Customer Reference/Policy/Account Number

Effective from

My/Our new account details

Financial institution

BSB

Member / Account Number

Member / Account Name

If you have any queries please contact me/us on

Yours sincerely,

Signature

Date

close my account

Financial Institution details

Dear Sir / Madam,

Request to close my account

I/we would like to close my/our account held with your financial institution effective immediately.

Account Name

Account Number

Please forward the balance of the account electronically to my/our Victoria Teachers Credit Union account (*details below*).

Financial institution

Victoria Teachers Credit Union

BSB

704 - 191

Member/Account Number

Member/Account Name

Other relevant information or instructions (*insert below*)

If you have any queries please contact me/us on

Yours sincerely,

Signature

Date