

First Home Savings Account Application Form



Police Credit

Prior to opening a First Home Savings Account (FHSA), you must read the relevant Product Disclosure Statement and, we recommend you read our Financial Services Guide to obtain all the relevant information and terms and conditions of use.

Police Association Credit Co-operative Limited
ABN 33 087 651 661 AFSL 240293
121 Cardigan Street Carlton Vic 3053
T 13 63 73 www.policecredit.com.au

This form is to open a First Home Savings Account.

Account Type

First Home Savings Account (To be eligible to open this account you must not hold an existing FHSA)

A. Primary Account Holder

Member number

Title (Ms/Miss/Mrs/Mr/Dr) Surname

Given Name/s

Residential Address

Telephone (home)

Telephone (work)

Telephone (mobile)

Email address (please print - case sensitive)

Occupation/Business Activities

Date of Birth Must be at least 18 and under 65 years of age

Gender

Male

Female

Are you a permanent resident of Australia? Yes No

If No, please advise country of citizenship and Australian Visa status

Please note: The address and contact telephone information given above will be verified to your information held in our Customer Information System and if found to be different, the Customer Information System will be updated.

Method of Operation

- Deposit Book through Westpac required
- Rapid Response Telephone Banking Service required
- pc.easynet Online Banking registration required

Reasons for Opening the Account

Please circle applicable code

Reason Code	Reasons for opening the account
N	New FHSA being opened
T	Transferring balance from another FHSA provider
F	Family law obligation, that is under a court order or binding financial agreement
R	Re-contributing an FHSA amount after there is a failure to purchase a property
O	Other, for a reason not coded

IMPORTANT: PLEASE READ AND SIGN THE DECLARATION ON THE REVERSE SIDE OF THIS APPLICATION

Tax File Number

Quotation of Tax File Number

Tax file number note

Under the First Home Saver Accounts Act 2008, we are authorised to collect your tax file number and other information about your FHSA. Although you are not obliged to provide your tax file number, we can not open an FHSA for you without it. We can only use your tax file number for lawful purposes. We are authorised to, and will, disclose your tax file number and other information to the Commissioner of Taxation. If you later transfer the balance of your account to a super fund or to another provider, your tax file number must also be disclosed to that fund or provider.

You won't be able to open an account if you don't provide your tax file number.

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Duration of Authority

With reference to the Operating your membership and accounts as detailed in the Police Association Credit Co-operative Limited ABN 33 087 651 661 AFSL 240293 (Police Credit) General Information, Terms and Conditions, this authority commences immediately and revokes any previous authorities on this account except as regards any cheques or other instruments dated prior to the date of this authority and presented for payment after receipt by Police Credit of this notice and as regards any act done by Police Credit or such persons in pursuant to the authority referred to in any such previous notice. This authority shall continue until Police Credit receives written notice at the registered office of Police Credit, from all surviving account holders revoking this authority. This authority shall be binding on the account holder's executors, administrators, legal personal representatives and all persons claiming from or under the account holders as to all documents, acts, matters and things done or executed in terms of this authority before receipt by Police Credit of notice of its revocation.

Declaration

Anti-Money Laundering and Counter Terrorism-Financing Act

To meet international standards and to help protect business from being misused for money laundering and terrorism financing Australia has implemented the AML/CTF Act. As a customer or potential customer of Police Credit, in seeking certain services you may be asked to verify your identity. As a member of Police Credit you will also be asked at various times to verify the continuing accuracy of personal information you have previously supplied. By doing this you are helping to protect Australian businesses from being misused for the purposes of criminal activity.

I acknowledge that I believe the above details to be true and correct and that it is an offence under the AML/CTF Act to give false and misleading information. I make this solemn declaration conscientiously believing the same to be true.

I understand Police Credit will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected.

I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide Police Credit with incomplete or inaccurate information that Police Credit may not be able to provide me with the First Home Savers Account that I am seeking.

Privacy Act

I acknowledge having received a copy of the Privacy Statement, contained within the Financial Services Guide of Police Credit. I authorise Police Credit to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility to me additional cardholder for which I have applied. I understand that in order for Police Credit to supply the First Home Savers Account to me for which I have applied. I understand that in order for Police Credit to supply the account to me for which I applied, it may be necessary for Police Credit to provide personal information contained in this application form to third parties used by Police Credit and its service providers.

I

- declare that all information provided in this application is true and correct
- agree to be bound by the Constitution and Conditions of Police Credit
- acknowledge having received the Conditions of Police Credit applicable to account operation, read, understood and agree to be bound by the said Conditions and by the authorities, consents and declarations contained in this authority

First Home Savings Account

I declare that:

I have read and understand the eligibility conditions for FHSA and that I am eligible to open an FHSA.

I have never owned or jointly owned a dwelling that has been my main residence in Australia or Norfolk Island,

and one of the following applies:

- I have never held another FHSA or
- I currently have an FHSA but I want the balance of my existing FHSA transferred to the new FHSA I am now opening. (If so, complete the transfer authority.)

- I have held an FHSA which was closed for one of the following reasons:
- The purchase of a dwelling that was to become my main residence did not eventuate and I am opening this new FHSA within six months of closing the previous FHSA.
 - I closed the FHSA within the cooling-off period and I am now opening this new FHSA.

Full Name

Signatory of Account Holder (please indicate)

 Date / /

If you make a false or misleading statement, there are significant penalties, and you may be prosecuted.

Terms and conditions, interest rates, fees and charges are available in the Product Disclosure Statement on our website www.policecredit.com.au or on request.

Mutual Banking Code of Practice

We undertake to comply with this Code in our dealings with you.

Office Use Only

I certify that the identification procedures have been complied with and I have completed all details entered.

- | | |
|--|--|
| <input type="checkbox"/> FSG issued | <input type="checkbox"/> Telebanking |
| <input type="checkbox"/> FHSA opened | <input type="checkbox"/> pc.easynet and password |
| <input type="checkbox"/> PDS FHSA issued | <input type="checkbox"/> Deposit Book |
| <input type="checkbox"/> AML Identity verified | <input type="checkbox"/> PDS NCP issued |
| <input type="checkbox"/> TFN loaded/exemption noted | <input type="checkbox"/> GI, T&C issued |
| <input type="checkbox"/> TFN detached and destroyed | <input type="checkbox"/> PDS Fees and Charges issued |
| <input type="checkbox"/> RRS | <input type="checkbox"/> PDS Interest Rates issued |
| <input type="checkbox"/> Reasons for opening the account loaded* | |

*See table over for applicable codes

Completed Officer's Signature

 Date / /

Name