policebank

Term Deposit Form

Member Details

MEMBER NAME		MEMBER NUMBER(S)	
ADDRESS	SUBURB/TOWN	STATE	POSTCODE
HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL ADDRESS

PART A

☐ New Term Deposit

Amount $_____   Term in months _____   Account Type _____   (MSO Use Only) Deposit No. _____

Principal Instructions on Maturity   (note: fill out required information below, if selecting option for either cheque, transfer or deposit into Police Bank A/C)

☐ Reinvest

☐ Transfer to Police Bank Account   MEMBER NO.   ACCOUNT TYPE   MEMBER NAME

☐ Transfer to Other Institution   ACCOUNT NAME   INSTITUTION   BSB   ACCOUNT NUMBER

Interest Payment (Refer to Interest Brochure and FSG to confirm interest payment on term selected)

☐ Maturity   ☐ Fortnightly   ☐ Monthly   ☐ Six Monthly   ☐ Annually (for Terms over 12 months)

☐ Reinvest

☐ Transfer to Police Bank Account   MEMBER NO.   ACCOUNT TYPE   MEMBER NAME

☐ Transfer to Other Institution   ACCOUNT NAME   INSTITUTION   BSB   ACCOUNT NUMBER

PART B

☐ Redemption on Maturity   ☐ Redemption Prior to Maturity **(Reduced Interest may apply as per Terms & Conditions)**

I/We wish to redeem (please circle) **ALL MONIES / PART THEREOF** from my/our Term Deposit

Amount $_____   Term Deposit No. _____   Account Type (e.g. I5) _____

☐ Transfer to Police Bank Account   MEMBER NO.   ACCOUNT TYPE   MEMBER NAME

☐ Transfer to Other Institution   ACCOUNT NAME   INSTITUTION   BSB   ACCOUNT NUMBER

☐ New Term   A/C TYPE (E.G. I5)   DEP NO.   MONTHS   INTEREST   PRINCIPAL

PART C: Alteration to Term Deposit (at Maturity only)

ADDING FUNDS TO TERM DEPOSIT I/We wish to add funds to my/our existing Term Deposit:

Amount $_____   Term Deposit No. _____   Account Type (e.g. I5) _____

Method of Payment ☐ Cash   ☐ Transfer from   A/C TYPE (E.G. S1)   MEMBER NO.   NAME

CHANGES TO TERM DEPOSIT I/We request that the following changes be made to my/our existing Term Deposit:

Term Type _____   Deposit Number _____

New instructions for Interest Payment (refer to Interest Rate brochure and FSG to confirm Interest payment on term selected):

☐ Maturity   ☐ Fortnightly   ☐ Monthly   ☐ Six Monthly   ☐ Annually (for Terms over 12 months)

☐ Reinvest

☐ Transfer to Police Bank Account   MEMBER NO.   ACCOUNT TYPE   MEMBER NAME

☐ Transfer to Other Institution   ACCOUNT NAME   INSTITUTION   BSB   ACCOUNT NUMBER

I/We have received, read and understood the terms and conditions which apply to the products / service(s) applied for on this form

Signature (1) _____   Date __ / __ / __   Signature (2) _____   Date __ / __ / __

Office Use Only   To be processed on (date) ____ / ____ / ____

MSO Use Only   Branch _____ Processing Operator Number _____ Receiving Operator Number _____

Account Servicing Use Only   Checked by _____ Date ____ / ____ / ____ Operator Number _____