

SECTION 1: MEMBERSHIP DETAILS

	Member 1	Member 2	Member 3	Member 4
Member Number:				
Member Name:				
TFN/Exemption:*				
Member Role:**				

** IND = Individual PJ = Primary Joint Member SJ = Secondary Joint ATO = Authority to Operate

* Please note that it is not compulsory to supply a Tax File Number but Withholding Tax may be deducted from your interest if you do not quote your TFN or claim an exemption. For Joint accounts, each TFN is required or Withholding Tax will apply. The Federal Government grants an automatic exemption for children under 16 years of age.

Is a Joint Account required? Yes No

Number of Signatories to operate on Joint account: Any one to sign All to sign Other _____

SECTION 2: ACCOUNTS REQUIRED

<input type="checkbox"/> Super S Savings Account (S6) – Default Account	<input type="checkbox"/> Internet Savings Account (S7)
<input type="checkbox"/> General Savings Account (S1)	<input type="checkbox"/> 30 Day Notice of Withdrawal Account (S8)
<input type="checkbox"/> Christmas Club Account (S2)	<input type="checkbox"/> Mortgage Offset Account (S9)
<input type="checkbox"/> Special Savings Account (S3)	<input type="checkbox"/> Pensioner Plus Account (S10)
<input type="checkbox"/> Cash Fund Account (S4)	<input type="checkbox"/> Employees Benefit Account (S30)
<input type="checkbox"/> Budget Account (S5)	<input type="checkbox"/> Term Deposit (I1) – Term/Amount _____

SECTION 3: INVESTMENT DETAILS (Term Deposits and Cash Management Accounts Only – S4, S8, I1)

What is the source of funds for this investment? (Select all appropriate options)

<input type="checkbox"/> Savings	<input type="checkbox"/> Income	<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Redundancy	<input type="checkbox"/> Retirement	<input type="checkbox"/> Gift	<input type="checkbox"/> Legal Settlement
<input type="checkbox"/> Other (Please Specify)			

SECTION 4: ACCESS FACILITIES REQUIRED

<input type="checkbox"/> Visa Debit Card	<input type="checkbox"/> Additional Visa Debit Card - Member No. _____
<input type="checkbox"/> Cheque Book – Linked to S6 <input type="checkbox"/> Other _____	<input type="checkbox"/> Online Statements
<input type="checkbox"/> Internet Banking (NetLink)	<input type="checkbox"/> Telephone Banking (PhoneLink)
Identification Code for NetLink and PhoneLink Access: _____	

SECTION 5: DECLARATION AND SIGNATURE

I hereby apply for the CIRCLE Alliance Bank products and services nominated above and acknowledge that I have received the Financial Services Guide, Circle Account & Access Facilities Conditions of Use, Fees & Charges & Transaction Limits and Summary of Accounts & Availability of Access Facilities brochures. I agree to be bound by the terms and conditions as set out in these documents.

Signature	Date	Signature	Date
Signature	Date	Signature	Date