

# Membership Application (12 - 18 years)



T 1300 655 116 P Locked Bag 7003 Concord West NSW 2138

ABN 59 087 650 584 AFSL 246941

## Personal details

Title	<input type="checkbox"/> Master <input type="checkbox"/> Miss	Member number	<input type="text"/>
Surname	<input type="text"/>	Given name(s)	<input type="text"/>
Date of birth	<input type="text"/>	Other names (also known as)	<input type="text"/>
Residential address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Mailing address	<input type="text"/>		
<input type="checkbox"/> (as above)	<input type="text"/>	State	<input type="text"/> Postcode <input type="text"/>
Home phone	<input type="text"/>	Mobile phone	<input type="text"/>
Email address (for eNotifications)	<input type="text"/>	Voice code (for phone ID)	<input type="text"/>
Are you a permanent Australian resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold Australian citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Please specify
Tax file number	<input type="text"/>		

## Account and access options

I would like to open:	<input checked="" type="checkbox"/> My Kidz	<input type="checkbox"/> My Access	<input type="checkbox"/> My Net Reward
I would like to apply for:	<input type="checkbox"/> rediCARD	<input type="checkbox"/> Phone banking	<input type="checkbox"/> Internet banking and eStatements*

\*I consent to MYCU giving me statements and notices electronically. I understand that you will not post me paper statements and notices, I need to check my emails regularly and that I can revert to receiving paper statements and notices in the post at any time.

Please note that by opening an account or using an access facility you become bound by the Conditions of Use for Account and Access Facility.

## How did you hear about us?

<input type="checkbox"/> Family	<input type="checkbox"/> Referral	<input type="checkbox"/> Branch	<input type="checkbox"/> Website	<input type="text"/> Other (please specify)
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## Membership Declaration

I apply for membership and 1 x \$10.00 share in My Credit Union Limited and I agree to be bound by the Constitution of My Credit Union Limited which is available at mycu.com.au.

Financial reports for MYCU are available on our website, with printed copies available on request.

I understand that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and misleading information including not disclosing any other common name or names and certify the particulars on this application are true and correct.

**Note: To open and operate an account with the Credit Union you must satisfy identification requirements detailed overleaf.**

Applicant signature	<input type="text"/>	Date	<input type="text"/>
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NB. This form is for children 12 years and over when they are able to sign and operate their own account. For children under 12 years of age, the account must be held in the parent/guardian's name in trust for the child. Contact MYCU for more information.

Branch use only		Head Office use only	
Share status updated <input type="checkbox"/>	Child member type flagged <input type="checkbox"/>	Completed by <input type="text"/>	Signature scanned <input type="checkbox"/>
Load letter 201 <input type="checkbox"/>	IB access code issued & eStatement loaded <input type="checkbox"/>	Op No. <input type="text"/>	Reviewed by <input type="text"/>
Savings account(s) opened <input type="checkbox"/>	PB access code issued <input type="checkbox"/>	Date <input type="text"/>	Op No. <input type="text"/>
TFN removed <input type="checkbox"/>	Card request event loaded <input type="checkbox"/>	Date <input type="text"/>	Date <input type="text"/>

The law requires us to verify your identity when you open an account, change your name or when you become a signatory.

You are required to provide the following identification with your application:

1. One document from List A - Photographic identification **OR**
2. One document from List B and one from List C

If you are mailing a copy of your identification documents, photocopies will be accepted however must be certified by a person on the certifier categories list. The certifier will need to sight the original documents by following the instructions in the certifier endorsement section below.

**If you are presenting original documents at the My Credit Union branch then a certifier endorsement is not required.**

List A - Primary Photographic Identification	
ID must be issued in Australia and must confirm full name and date of birth.	<ul style="list-style-type: none"><li>• Passport (current or expired within 2 years)</li></ul>
List B - Primary Non-Photographic Identification	
ID must be issued in Australia and must confirm first name, surname and date of birth or address.	<ul style="list-style-type: none"><li>• Birth Certificate (full or extract)</li><li>• Citizenship Certificate</li></ul>
List C - Secondary Identification	
ID must be issued in Australia and must confirm first name, surname, current address and period attending the school. ID must be issued in Australia and must confirm first name and surname.	<ul style="list-style-type: none"><li>• Reference from a school principal (not more than 3 months old)</li><li>• Medicare Card</li></ul>
Certifier Categories	
<ol style="list-style-type: none"><li>1. Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner</li><li>2. Judge of a court</li><li>3. Magistrate</li><li>4. Chief executive officer of a Commonwealth court</li><li>5. Registrar or deputy registrar of a court</li><li>6. Justice of the peace/Commissioner for Declarations</li><li>7. Notary public</li><li>8. Police officer</li><li>9. Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li><li>10. Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public</li><li>11. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)</li></ol>	<ol style="list-style-type: none"><li>12. Officer with 2 or more continuous years of service with one or more financial institutions</li><li>13. Finance company officer with 2 or more continuous years of service with one or more finance companies</li><li>14. Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees</li><li>15. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership</li><li>16. A person who, under State or Territory law, is currently licensed or registered to practice in the following occupations: chiropractor; dentist; legal or medical practitioner; nurse; optometrist; patent or trade marks attorney; pharmacist; physiotherapist; psychologist; and veterinary surgeon</li><li>17. Teacher employed on a full-time basis at a school or tertiary education institution</li></ol>

### Details of identification

Full name of person being identified

Type of documents certified

### Details of certifier

Title  Mr  Mrs  Miss  Ms Other

Surname  Given name(s)

Occupation  Category of certifier

### Certifier endorsement

- I have examined the original identification documents listed above
- I have enclosed all certified copies of each document for My Credit Union
- I have endorsed each copy of the identification document with the following statement:

**'This is to certify that this is a true copy of the original which I have sighted. Date, name, signed, title, registration number (if applicable).'**

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

Certifier signature  Date

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NAME:		MEMBER NO.	
<input type="text"/>		<input type="text"/>	
<input type="text"/>			
SPECIMEN SIGNATURES:			
<input type="text"/>	<input type="text"/>	<b>SIGNING SPECIFICATION</b> <input type="checkbox"/> Any one may sign <input type="checkbox"/> All parties to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> Other: <input type="text"/>	
Name:	Name:		
<input type="text"/>	<input type="text"/>		
Name:	Name:		
<input type="text"/>	<input type="text"/>		
EFFECTIVE DATE		<b>MEMBER SIGNATORY CARD</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	2	0
CREDIT UNION USE ONLY: SEFF UPDATED		<input type="checkbox"/>	