

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"/>		

Tax residency

I certify that (please select one answer only):

I am a tax resident of Australia only

OR

I am a tax resident of each of the following foreign countries and am not a tax resident of any other foreign country:

Country	Taxpayer Identification Number (TIN)*
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

* The TIN is the taxpayer identification number used in the relevant country. If you do not have a TIN for a country you are a tax resident of please explain why, being either (A) the country does not issue TINs to residents or (B) other reason why you do not have a TIN (with explanation)

Country	Reason (A) or (B)	Explanation for (B)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account and access options

I would like to open:

My Kidz

My Access

My Net Reward

I would like to apply for:

rediCARD

Phone banking

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?

Family

Referral

Branch

Website

Other
(please specify)

Important notice regarding your identity verification

To verify your identity we collect identification information so that we can confirm it with the Australian Government. Your identification details, such as your Drivers Licence or Passport details, will be submitted to the Australian Government's Documentation Verification Service (DVS). The DVS is a national online system that allows organisations to compare an individual's identifying information, including your name, date of birth, address and document identification numbers, with a government record. More information about the DVS is available on their website www.dvs.gov.au.

By providing your identification details, you agree that:

- you are authorised to provide those details; and
- you understand that the details you provide about your identification document will be checked against records held by the Issuer or Official Record Holder.

I agree that my identification information is checked with the Issuer or Official Record Holder.

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

Date

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

- | | | | |
|--|--------------------------|---|--------------------------|
| Verified Australian tax resident only | <input type="checkbox"/> | Voice code recorded | <input type="checkbox"/> |
| Foreign tax resident referred to AML Officer | <input type="checkbox"/> | IB access code issued & eStatement loaded | <input type="checkbox"/> |
| Share status updated | <input type="checkbox"/> | PB access code issued | <input type="checkbox"/> |
| Savings account(s) opened | <input type="checkbox"/> | Card request event loaded | <input type="checkbox"/> |
| TFN removed | <input type="checkbox"/> | | |

Completed by

Op No.

Date

Head Office use only

- Signature scanned
AML checked
Letter 201 oaded
Tax residency noted
- If foreign tax resident:
TIN obtained & verified
TIN loaded

Completed & reviewed by

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">• Passport (current or expired within 2 years)
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">• Birth Certificate (full or extract)• Citizenship Certificate
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">• Reference from a school principal (not more than 3 months old)• Medicare Card
Certifier Categories	
<ol style="list-style-type: none">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 practitioner2. Judge of a court3. Magistrate4. Chief executive officer of a Commonwealth court5. Registrar or deputy registrar of a court6. Justice of the peace/Commissioner for Declarations7. Notary public8. Police officer9. Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public10. 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 public11. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)	<ol style="list-style-type: none">12. Officer with 2 or more continuous years of service with one or more financial institutions13. Finance company officer with 2 or more continuous years of service with one or more finance companies14. 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 licensees15. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership16. 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 surgeon17. Teacher employed on a full-time basis at a school or tertiary education institution

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: <input type="text"/> <input type="text"/>		MEMBER NO. <input type="text"/>
SPECIMEN SIGNATURES:		SIGNING SPECIFICATION <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"/>
<input type="text"/> Name:	<input type="text"/> Name:	
<input type="text"/> Name:	<input type="text"/> Name:	
<input type="text"/> Name:	<input type="text"/> Name:	
EFFECTIVE DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CREDIT UNION USE ONLY: SEFF UPDATED		<input type="checkbox"/>



MEMBER SIGNATORY CARD