Membership application – personal

Membership number (Office use): _____

Personal details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other _____ Surname _____

First name _____ Middle name(s) _____

☐ Male ☐ Female

Home address _____

_____ Postcode _____

Postal address ☐ same as above

_____

_____ Postcode _____

Home phone _____ Work phone _____ Mobile _____

Home email _____ Work email _____

Date of birth _____

Are you a permanent Australian resident? ☐ Yes ☐ No Tax File Number or Exemption _____

Are you a resident of another country for tax purposes? ☐ Yes ☐ No

If yes, provide the following: Name of country _____ Tax Identification Number (TIN) or equivalent _____

Are you or your family employed within the Education sector or a student carrying out studies in education? ☐ Yes ☐ No

Are you a member of the Port Adelaide Football Club? ☐ Yes ☐ No

Account selection

Please select the account(s) you require. Eligibility criteria applies across our Account offering. Please refer to the *Deposit Accounts and Access Services Terms and Conditions* for details.

☐ Access Account
☐ Netsave Account
☐ Bonus Savings Account
☐ Children's Savings Account
☐ 55+ Account
☐ Educator+ Account
☐ Port+ Account
☐ Home Loan Offset Account - Link to home loan account number: _____

Privacy notice

Credit Union SA may collect your personal information for the purpose of providing products and services to you, managing our business, complying with Laws, and sending you offers for products, deals or promotions.

Credit Union SA will collect, handle and use your personal information in accordance with its Credit Union SA's Privacy Policy and its Privacy Permission notice.

For more information about how Credit Union SA collects, handles and uses your personal information, ask us for a copy of Credit Union SA's Privacy Policy and its Privacy Permission notice.

Please read and sign the declaration overleaf ☛

Access and service options

Please select the access options and services you require.

☐ **Access code** - to access account(s) via the phone to the Member Contact Centre. Select any combination of 4 to 8 letters and numbers. **Do not** use dates of birth, phone numbers etc as it opens the possibility of fraud on your account.

Code _____

☐ **Internet banking** -
we will provide your initial password.

☐ **eStatements** via internet banking

Notification of eStatement ☐ Home email ☐ Work email

Card - card and PIN will be sent by separate mail.

☐ Visa debit card

Linking accounts to your card -

1st account _____
Full access from EFTPOS,Bank@Post and all atms

2nd account _____
Access from Bank@Post

Visa posting account _____
Access for Visa card purchases only

Reason for Joining (please tick primary reason)

☐ **Friend/Family Referral** – Member was referred by an existing member (Member-get-Member campaign).
If yes, record referrer's name or referral code: _____

☐ **Education Community** – Member is connected to the SA education community (eligibility extends to: teachers, students, or immediate family members)

- School Visit
- PD Day
- Conference/Sponsorship

☐ **Community/Partner** – Joined via a community partner or special offer:

- Port Adelaide Football Club member promotion
  PAFC member#: _____
- Workplace Banking partner program
  Employer: _____
- Other community event/partner:
  _____

☐ **Online/Social Media** – Found Credit Union SA via web search (e.g. Google), social media, or website.

☐ **Advertising** – Saw/heard an advertisement (TV, radio, billboard, online ad).

☐ **Walk-in/Other** – e.g. saw branch signage, local knowledge, word of mouth, etc.
Member's main reason for joining (if stated):
_____

Declaration

1. I hereby apply for membership and one share in Credit Union SA Ltd. I understand my membership cannot be activated until the Credit Union approves my application. I agree to be bound by Credit Union SA's current Constitution and any future amendments (a copy of the Constitution is available on request).
2. Our Annual Financial Report, which contains information about our financial position; and performance, efficiency of management and financial risk exposure, is available on our website. We will only send it to you if you elect (at any time) to receive it.
3. Membership, accounts and services are subject to approval.
4. I understand that Credit Union SA is authorised by tax law to ask for my Tax File Number (TFN). I may choose not to quote my TFN. If I do not provide themwith my TFN or claim a TFN exemption, withholding tax will be deducted from any interest that I earn on my accounts, should the interest exceed a certainthreshold. I understand that my TFN or TFN exemption will be applied to any future accounts or deposits that I may open unless I notify Credit Union SAotherwise at the time of opening the new account. I understand that more information about the use of tax file numbers, is available from the Australian Taxation Office or www.ato.gov.au.
5. The details provided in this application are true and correct. I acknowledge that it is an offence under *Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth)* to give false and misleading information. I consent to the collection, use, handling, disclosure and verification of personal information as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.
6. I acknowledge receipt of a Credit Union SA Ltd Financial Services Guide.
7. I acknowledge that I have received the *Deposit Accounts and Access Services Terms and Conditions* for the account(s) and service(s) chosen and agree to abide by these terms and conditions.
8. I consent to receiving communications in relation to any of my products and services with Credit Union SA by email, SMS, push notification or through the secure mail facility available within Internet Banking. I understand that the effect of this consent is that paper documents may not be provided by Credit Union SA where an electronic alternative is available and that I must regularly check my electronic communications for documents. I am aware that I can withdraw my consent to receive electronic communications at any time by contacting Credit Union SA on 13 8777 or in writing. Please note that even if you don't consent to receiving electronic communications, we may be required to share communications in this way in accordance with any applicable Law, rule or regulation. I do not consent to receiving communications electronically ☐

Signature: _____ Date: _____

Broker Use Only

Loan Originator: _____

Primary Contact for Loan: _____

Office use only

- ☐ 'N' Number _____ (if applicable)
- ☐ Member identification completed
  or ☐ change of class
- ☐ Share account opened
- ☐ Self Service Teller added
- ☐ Internet banking/ phone banking default passwords advised to member - if applicable
- ☐ Advise member of Statement Fee (if applicable)
- ☐ Closed membership -*if reopening complete the following*
  - ☐ Savings and loans history checked
  - ☐ New ID verification completed
- ☐ Privacy Notice provided
- ☐ FSG provided
- ☐ *Deposit Accounts and Access Services Terms and Conditions* provided and logged on CRM

Home Loan Offset Account

- ☐ Not a fixed rate or discounted loan
- ☐ Relationship links loaded

Comments

_____

_____

_____

Accepted and approved by _____

Membership opened by _____

Checked by _____ Date _____

New Member Engagement (confirm completion at account opening)

- ☐ **Digital Banking Set-Up** – Registered member for Internet Banking and helped install/log into the Mobile App (demonstrated key features; set up PayID if applicable).
- ☐ **Card Order & Activation** – Debit card ordered/issued. Explained card PIN setup and delivery, or assisted adding card to Apple/Google Pay on member's phone.
- ☐ **Primary Account Use** – Discussed using Credit Union SA as main bank (salary credit, bill payments). Provided "Switch Your Banking" brochure and offered to help transfer direct debits/credits to the new account (assisted immediately if requested).
- ☐ **Telephone Access Code** – Member has chosen a code for future access.
- ☐ **Welcome & Support** – Gave member the Welcome pack/guide and highlighted key services (e.g. 24/7 online access, ATM/EFTPOS, contact options). Confirmed all questions answered.

☐ **Follow-up Needed** – Tick if any follow-up is required. Set a CRM reminder if needed. Notes (e.g. "Call in 2 weeks to assist with Internet Banking"):

_____

_____

_____

_____

_____

_____

Completed by: _____(Staff Name/ID) Date: _____