

CUSTOMER 1 Customer Number:
Personal Information

 Title Mr Mrs Ms Miss Other

 First Name/s

 Preferred Given Name/s

 Surname

 Date of Birth Age (if less than 18)

 Drivers Licence Number

 Residential Address Unit/Street No Street

 Suburb/Town

 State Postcode

 Postal Address (if same as Residential write As Above)

 State Postcode

 Email Address (preferably not shared)[®]

 Home Phone Daytime contact Number

 Mobile

 Occupation
Tax File Number/Exemption

 Tax File Number [^]
 The Credit Union should deduct withholding tax as I choose not to quote a TFN, ABN or exemption at this stage.

 I will disclose my Tax File Number at a later date (Customer has been advised of the requirements)

Exemption Category

 Under 16 Aged Pension Centrelink benefit

 Non-resident Other

[^] Our collection of tax file numbers (TFNs) is authorised by tax legislation and their use and disclosure are strictly regulated. It is not an offence if you choose not to quote your TFN. However, if you do not quote it or claim an exemption, this may result in tax being taken out of your interest or dividends. For more information about the use of TFNs and exemptions, please go to ato.gov.au. Businesses may quote their ABN instead of a TFN.

[®] Your email address will be used to register for NetBanking (including e-Statements) and will be used to communicate important disclosures and information relating to your banking with us.

CUSTOMER 2 Customer Number:
Personal Information

 Title Mr Mrs Ms Miss Other

 First Name/s

 Preferred Given Name/s

 Surname

 Date of Birth Age (if less than 18)

 Drivers Licence Number

 Residential Address Unit/Street No Street

 Suburb/Town

 State Postcode

 Postal Address (if same as Residential write As Above)

 State Postcode

 Email Address (preferably not shared)[®]

 Home Phone Daytime contact number

 Mobile

 Occupation
Tax File Number/Exemption

 Tax File Number [^]
 The Credit Union should deduct withholding tax as I choose not to quote a TFN, ABN or exemption at this stage.

 I will disclose my Tax File Number at a later date (Customer has been advised of the requirements)

Exemption Category

 Under 16 Aged Pension Centrelink benefit

 Non-resident Other
Investment Details

 Amount

 Rate:

 Term:
Interest:

- Paid on Maturity
- Term Deposit will commence on receipt of cleared funds

Deposit Funds:
 Electronic Transfer (BSB: 722 744 Account: 100112175, Ref: [Account Name])

Interest Payment:
 Add to Investment at Maturity

 Transfer to Account: BSB Account:
 Cheque (Made out to: Southern Cross Credit Union [Account Name])

Certification of Identity (please enclose/attach copies of certified documents)

Full name of person being identified:

Certifiers Details

Full Name

Occupation

Residential Address (PO Box not accepted)

Unit/Street No

Street

Suburb/Town

State

Postcode

Phone Number

Certification

- Justice of Peace Legal Practitioner Judge/Magistrate CEO of a Federal Court Court Registrar Public Notary
 Police Officer Australian Consular or Diplomatic Official Officer of Financial Institution (2 years' service) Accountant (CPA)
 Officer or authorised representative of AFS licensee Financial Company Officer (2 years' service)

Certified Documents (any one of the following)

- Current drivers licence issued by an Australian state or territory
 Current passport issued by the Australian Government (or one that has expired within the last 2 years)
 A photo ID issued by an Australian State or Territory

If any of the above documents are unable to be produced, please contact us to discuss what other forms of identification may be acceptable. Other special identification provisions apply for isolated area Aboriginal and Torres Strait Islanders and children under the age of 18.

Certifier's Statement

I have examined the original identification documents listed above. I have endorsed each copy of identification document in the following manner:
This is to certify that this is a true copy original which I have sighted. Date, Name, Signed, Title and Registration Number (if applicable)

Date

Signature of Certifier

Email completed form and scanned copy of certified identity documents to info@sccu.com.au.

OFFICE USE

Branch

Customer Number

Other customer accounts held with SCCU (if applicable)

Customer Number

Deposit by: Transfer Cheque

Deposit No:

Maturity Date: