



# FIRE SERVICE CREDIT UNION

LTD. EST. 1972

22 Chancery Lane, Adelaide SA 5000  
ABN: 17 087 651 152

Phone: 08 8227 2222 Fax: 08 8227 2422  
AFSL: 237515 Australian Credit Licence: 237515

Web: [www.fscu.com.au](http://www.fscu.com.au)  
BSB: 805013

## Membership Application

New Member  New Non-Personal  Signatory  Power of Attorney  Alteration / Update

MEMBER NUMBER

TITLE AND SURNAME \_\_\_\_\_ Mr / Mrs / Miss / Ms / Other \_\_\_\_\_

GIVEN NAME(S) \_\_\_\_\_

Or

NAME OF ACCOUNT for Non-Personal Membership (eg Company, Business, Club or Trust)

RESIDENTIAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

### CONTACT DETAILS

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email address \_\_\_\_\_

### PERSONAL DETAILS

Date of Birth \_\_\_\_\_ Drivers Licence No. \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Status: Full time / Part time / Casual Job Title / Rank \_\_\_\_\_

Length of time at Employment \_\_\_\_\_ Length of time at Residence: \_\_\_\_\_

Retained firefighters: please provide retainer start date \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of residence for tax purposes\* \_\_\_\_\_

Business / Company accounts: please provide main activity / source of wealth \_\_\_\_\_

Do you or an immediate family member hold a Public Office Positions? YES / NO

(eg politician, senior SAMFS rank) if YES please provide details: \_\_\_\_\_

\*If other than Australia: must provide Date of Birth and Taxpayer Identification No. (for that country) BEFORE Membership can be opened

Office Use  Received / /  ID  Signed Membership app  TFN  Share  Company / Trust form  
 Identify Beneficial Owners  determine PEP status  complete AML Risk Assessment  
 Visa Debit Card checklist  Open RIM following Opening Membership checklist

August 2016



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**MEMBERSHIP QUALIFICATION:** As Fire Service Credit Union is a closed bond credit union, **you must provide proof that you are a member of the Emergency Services (eg ID badge)**. If you are not a Member of the Emergency Services it is necessary for you to be introduced by a current Fire Service Credit Union Member. Please provide details of the referring Member:

Referring Member	Member Number	Relationship	Signature of FSCU
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All Applications for Membership are subject to approval by the Board of Directors in accordance with the Credit Union rules. All Members of the Credit Union are required to hold one \$10.00 Membership Share in the Credit Union.

**MEMBERSHIP DECLARATION:** I apply for Membership of Fire Service Credit Union Ltd (FSCU) and one \$10.00 share in the Credit Union. I agree to be bound by the rules of FSCU and any registered amendments. I acknowledge receipt of FSCU's Terms and Conditions for Deposit accounts and agree to be bound by them. I understand that collection of my Tax File Number (TFN) or Exemption is authorised and their use and disclosure are strictly regulated by the law and the Privacy Act 1988. I understand that quoting my TFN is not compulsory but failing to do so may result in tax being deducted from any interest payable to me. I understand that the TFN will be applied to all Accounts under this Membership unless I specifically request otherwise. The Australian Taxation Office has specific laws on Savings and Investment accounts in regard to the TFN. For more information refer to the Australian Taxation Office. I understand FSCU will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act) and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I believe the above details to be true and correct. It is an offence under the AML/CTF Act to give false and misleading information. I understand that if I provide FSCU with incomplete or inaccurate information that FSCU may not be able to provide me with the products or services that I am seeking.

**ADDITIONAL SIGNATORY AUTHORITY:** I authorise the person whose details are listed above and whose signature appears below to operate on my Membership and to seek access from the Credit Union to any information concerning my Membership. I agree to indemnify the Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this Authority, provided that the Credit Union has acted within the terms of this Authority. I declare that the Credit Union may act upon this Authority until it has received my written instructions to the contrary. Such Authority, however, does not apply to Loan Applications, collection of loan funds, and closure of accounts.

Please specify to which of your accounts this signatory authority applies:  ALL  Other \_\_\_\_\_

MEMBER NO.	MEMBER NAME	AUTHORISING SIGNATURE
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**PLEASE ALSO COMPLETE A VISA DEBIT CARD APPLICATION, SELECTING THE 'ADDITIONAL CARD' OPTION FOR CHEQUE ACCOUNTS – PLEASE ALSO UPDATE SPECIMEN SIGNATURE CARD**

**JOINT ACCOUNTS: Method of signing**

Either to Sign  All to Sign  Other \_\_\_\_\_

If you open a Joint Account with another person, you will each be liable for any money that is owing on the Accounts. Your liability for debts is both joint and several. When one Joint Holder dies, the surviving Joint Holder(s) automatically take the deceased Joint Holder's interest in the Account. 'Either to Sign' means that any one of the Joint Holders can operate the Account. 'All to sign' means that all Joint Holders must sign together to operate the Account. You can vary these instructions at any time by contacting us. If fewer than all the Account Holders can sign on the Account, any one of the Account Holders can notify the Credit Union that the Account must be reverted to "All to Sign". **Statements:** we will only send one statement to the primary joint member. Joint account holders may request to receive statements at any time.

**SIGNATURE**

**DATE**



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## Accounts and Services

### SAVINGS ACCOUNT

- |                          |           |                           |                          |               |                         |
|--------------------------|-----------|---------------------------|--------------------------|---------------|-------------------------|
| <input type="checkbox"/> | <b>S1</b> | <b>Savings</b>            | <input type="checkbox"/> | <b>S12</b>    | <b>Junior Saver</b>     |
| <input type="checkbox"/> | <b>S6</b> | <b>Budget</b>             | <input type="checkbox"/> | <b>S20</b>    | <b>Retiree Access</b>   |
| <input type="checkbox"/> | <b>S7</b> | <b>Christmas Club</b>     | <input type="checkbox"/> | <b>S21</b>    | <b>Business account</b> |
| <input type="checkbox"/> | <b>S8</b> | <b>Investment Savings</b> | <input type="checkbox"/> | <b>S ____</b> | <b>Other _____</b>      |

**INTERNET BANKING** Do you wish to use Internet Banking? YES / NO

**Note:** Registering for Internet Banking will automatically register you for e-statements. You can opt out via Internet Banking

### MEMBER ACCESS CODE

**Please choose a four digit Access Code for identification purposes**

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FSCU staff may ask for your Access Code to verify your identity

**Note:** We recommend that you do not use the same code as your PIN for security reasons.

You should also avoid using your Employee Number

### VISA DEBIT CARD

**Visa Debit Card and PIN will be sent by separate mail**

I request Fire Service Credit Union Ltd to issue me with a Visa Debit Card & PIN (subject to Credit Union approval) to enable us to access our accounts through ATMs, EFTPOS, Agencies, and/or other approved electronic terminals. I agree to pay all fees, charges, and interest by direct debit to my membership as determined by the Credit Union from time to time, including \$10 for each replacement Visa Debit Card in the event of my Visa Debit Card being lost or damaged. Withdrawal limit on Visa Debit Card is \$1000 per day unless I request a higher limit. Merchants and other institutions may impose additional restrictions.

**HAVE YOU RECEIVED A FINANCIAL SERVICES GUIDE?** YES / NO

**HAVE YOU RECEIVED A GENERAL TERMS & CONDITIONS BROCHURE?** YES / NO

**SIGNATURE**

**DATE**

**TAX FILE NUMBER**

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### INTERNET BANKING

**Client / Member Number** \_\_\_\_\_ **Default Password** \_\_\_\_\_

At initial sign in you will be prompted to choose your own Password

Please also register for Secure SMS via Tools / Secure SMS Management