



I would like to: **Open New Joint Membership** **Open Joint Sub-Account**

Before completing this form, any person who provides personal information to us in connection with this application must read and sign the document titled 'Privacy Statement and Consent.'

Section 1 – Primary Joint Member Details

Client Number (if Known)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	Given Name (s)		
Preferred Name (if different from above)	Date of Birth	Email			
Work ()	Home ()	Mobile	Married/Def/Div/Single/Wid		
St Number	Street Name	City/Suburb	State	Postcode	
PO Box	City/Suburb	State	Postcode	Nationality	Occupation

Section 2 – Secondary Joint Member Details

Client Number (if Known)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Surname	Given Name (s)		
Preferred Name (if different from above)	Date of Birth	Email			
Work ()	Home ()	Mobile	Married/Def/Div/Single/Wid		
St Number	Street Name	City/Suburb	State	Postcode	
PO Box	City/Suburb	State	Postcode	Nationality	Occupation

Section 3 – Please take a moment to let us know how you heard about us. Simply tick the box most relevant to you.

Website Radio advertising Newspaper Advertisement Referral

Other Please specify: _____

Section 4 – Joint Accounts – Important Terms and Conditions of Operations – Change of Signatory Authority

We certify that where accounts are held in joint names, the money held in the account(s) is owned jointly and severally by us and withdrawal(s) can be signed by either one of us or as specified. We accept full responsibility for transactions conducted on my/our accounts by me/us and additional cardholder/s nominated by me/us. We agree to be jointly and severally liable for any debt that owes on the account. This includes any liability that is incurred as a result of action by any authorized signatories.

We acknowledge that if the Credit Union membership is held in the name of two or more persons: All funds in that account will be held in joint tenancy. If one of the parties should die, any balance in these accounts shall accrue in accordance with the law of survivorship for the time being in the State of Tasmania. Heritage Isle Credit Union is under no obligation to change a joint account to a single account or vice versa at the request of the account holder(s). Heritage Isle Credit Union may agree to do this as a convenience to its members and only when the following terms have been fulfilled:

Single to Joint: Both parties sign a written acknowledgement to the effect that they understand that funds held in the account are jointly owned by both account holders and either account holder is entitled to withdraw all funds held at any time.

Joint to Single: Both parties must sign a written acknowledgement to the effect that they will no longer be entitled to withdraw funds from the account. Where Heritage Isle Credit Union believes, that the person relinquishing being an account holder may be

acting under duress, Heritage Isle will not agree to change the account unless and until it is satisfied that in fact there is no duress involved.

Changing Signing Authorities on Joint Accounts: A request from one joint account holder to “all to sign” will be complied with immediately. This change to “all to sign” will also lead to automatic cancellation of all Telephone Banking, Visa Card and Internet Banking facilities. Both signatures are required, when requesting or consenting to the addition or deletion of a third party signatory to the joint account. This applies irrespective of whether the account holders being removed from the account signing authority, or to a transaction which would in effect close the account or remove the whole funds in a deposit account from the control of one of the account holders, where this removal of these funds, is inconsistent with normal account behavior.

Closure of membership, can only be completed, by the consent of all account holders.

Section 5– Joint Member Declaration

I/We apply for membership and to be allocated one share in Heritage Isle Credit Union. I/We submit with this application the full subscription price of \$10.00 for the share. If my age is less than eighteen years I submit \$2.00 with the application being 20% of the subscription price. If this application is approved and the share allotted to me, I/We acknowledge that the balance of the subscription price must be paid when I turn eighteen years of age.

I/We acknowledge that on becoming a member that I/We are bound by the constitution of Heritage Isle Credit Union Limited as governed by the Corporations Act and as amended from time to time. I/We believe the above details to be true and correct. It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Clth) to give false and misleading information.

I/We understand that collection of my Tax File Number or Exemption is authorised and their use and disclosure are strictly, regulated by the law and the Privacy Act 1988 (Clth). I/We understand that quoting my Tax File Number is not compulsory but failing to do so may result in tax being taken out of my interest. I/We understand that the Tax File Number will be applied to all accounts under this membership and unless I specifically request otherwise. The Australian Taxation Office has specific laws on Savings and Investment accounts in regard to the Tax File Number (TFN). For more information refer to the Australian Taxation Office.

I/We acknowledge **receipt of the form to receive copies of Annual Financial Reports** and/or Notices of Meetings of Members. Should I/We wish to receive copies of the reports and/or notification of meetings, I/We will advise Heritage Isle Credit Union as per instructions on the request form.

If I/we do not wish to receive marketing communication about Heritage Isle Credit Union products and services or special offers, I/We will complete an Application to Opt out of Direct Marketing form available on request from any Heritage Isle Credit Union branch. I have obtained a copy of the ‘Terms & Conditions and General Descriptive Information’ brochure and Heritage Isle Credit Union’s Privacy Statement from the website. Where this application is for Joint Membership, all parties have read and understand the terms and conditions regarding joint accounts. (section5)

I/We understand Heritage Isle Credit Union will collect personal information from me/us as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Clth) and that it may take steps to verify the personal information it has collected. I/We consent to the collection, use, handling, disclosure and verification of personal information as required by the Anti-Money Laundering and Terrorist Financing Act 2006. I/We understand that if I provide Heritage Isle Credit Union with incomplete or inaccurate information that Heritage Isle Credit Union may not be able to provide me with the products or services that I am seeking.

The account and signatory information which you provide in connection with this application will, for the purpose of the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Clth), apply to all accounts which may be opened by you with the Credit Union from time to time, unless otherwise specified.

I/We authorize Heritage Isle Credit Union Ltd to provide its relevant service providers:

- Any information provide by me in this document (including personal information) & any other information (including personal information) I may provide to Heritage Isle Credit Union or which they may lawfully obtain from me
- Where the provision of such information is required or allowed by law. This includes the verification of personal information as required by the Anti Money Laundering and Counter-Terrorism Financing Act 2006.

Declining to quote your tax file number is **not** an offence. If you do not disclose your TFN the withholding tax will be deducted from the interest paid to your accounts OR You may provide an Exemption. *Circle applicable*

1. Age/Invalid/Service Pension 2. Wife/Carer/Widow/Sole Parent/Special Benefit 3. Age Under 16 Years 4. Recent arrival
2. 5. Bodies not required to lodge tax 6. Territory Resident 7. Non Resident

Section 6– Joint Account Holder Signatures/Signing Instructions & declaration

- Anyone to sign Two to sign Other (Please Specify)

Signature of Client (Primary acct Holder)	Client No.	Date	Signature of Client (Secondary acct holder)	Client No.	Date
---	------------	------	---	------------	------

Office Use Only

	Yes	N/A
Checklist attached	<input type="checkbox"/>	<input type="checkbox"/>
Identification attached	<input type="checkbox"/>	<input type="checkbox"/>
Sub Account opened	<input type="checkbox"/>	<input type="checkbox"/>

Completed by: _____ Date: ____/____/____ Checked Man/Sup: _____ Date: ____/____/____