

Term deposit application

First account holder

Personal details

Title Mr Mrs Ms Miss Other

First name Middle name

Surname Member no

Second account holder

Personal details

Title Mr Mrs Ms Miss Other

First name Middle name

Surname Member no

Residential or Business address (PO Box not acceptable)

Unit/Floor/Street no Street

Suburb/Town State Postcode

Home phone Work phone Mobile phone

I/We wish to open the following term deposit on member number

I10 Term Deposit for months or I20 Edvest Term Deposit (Edvest members only) for months

I/We enclose a cheque for \$

AND/OR Transfer \$ from my/our \$ # Account under member number

Total investment \$ #Please note - transfers from an S3 Online Savings Account will incur a staff assist fee.

1. Instructions for principal at maturity

(tick one) Reinvest principal for same term at the applicable rate of interest Transfer principal to my Account
 Transfer principal to another financial institution (complete section 4)

2. Instructions for interest at maturity

(tick one) Add interest to principal and reinvest on maturity Transfer interest to my Account
 Transfer interest to another financial institution (complete section 4)

3. Instructions for interest payments during THE TERM OF THE DEPOSIT

Please complete a and b

a. Interest paid (tick one) Fortnightly (Edvest members only) Monthly 12 monthly*

*If you are investing for 12 months or more, interest will be paid at each 12 month period as well as at maturity and can be added to the principal (compounded).

Tick box if you would like your interest compounded. Compound interest at each 12 month period (not available for fortnightly and monthly interest payments).

b. Interest transferred to (tick one) Transfer interest to my Account
 Transfer interest to another financial institution (complete section 4)

4. Other financial institution details

BSB Account no

Account name Institution's name

Refer to the Fees and charges brochure for details on fees and charges.

5. Finishing up

Signature first account holder Date

Signature second account holder Date

Please return this form

By mail to: Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128

By fax to: (02) 9704 8248