

# Under 18 membership application

Faxed documents cannot be accepted

## Under 18 account holder's details

First name  Middle name

Surname

Date of birth  Age   Male  Female

Email (please print)

### Residential address (mandatory)

Unit/Floor/Street no  Street

Suburb/Town

State  Postcode

### Mailing address (if same as residential write 'as above')

Home phone  Mobile phone

## Related member's details

First name  Middle name

Surname

Member no  Date of birth

Relationship to child

## Account types

Please open an

S1 Everyday account and/or  S99 Under 18 Savings account

## Signatory's details

The signatory on this account, which includes the S1 Everyday account and the S99 Under 18 Savings account (if selected) will be the:

Under 18 account holder or  Related member

**Password:** The following password will be used to identify the signatory along with other general questions, when enquiries are made on this account. It will assist in the prevention of fraud. If the password is forgotten, the answer to mother's maiden name will assist us with identification.

Password

Mother's maiden name

## rediCARD

A rediCARD can be issued to the signatory or authority to operate on this account. Available **only with an S1 Everyday account**, it can be used at ATMs and EFTPOS.

Please issue a rediCARD and PIN for access to the S1 Everyday account at Automatic Teller Machines (ATMs) and Point of Sale terminals (EFTPOS)

Under 18 account holder - **only if signatory**;  
 Related member

## Tax File Number

Please enter Tax File Number. If no Tax File Number, enter the child's date of birth in the exemption box. Currently children are tax exempt up to \$420 pa (or pro rata) on interest earned. Interest earned in excess of this amount will be taxed at current rates unless a Tax File Number is supplied.

Tax File Number

For an exemption of a child under 16 write the child's date of birth here

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Phone and internet banking

Phone banking

You are automatically registered for phone banking if you are the signatory on the Under 18 account. An access code will be issued to you when you join.

Internet banking

Internet banking provides 24 hours a day, 7 days a week access to your account balances, transactions, transfers, BPAY, general account enquiries and more. This service is available only to the child who is the signatory on an EarthOne or TeenPlus account. It is not available on any Super Saver account. If you would like access to the internet banking service, please tick below:

I would like to use internet banking. I am the Under 18 account holder and the signatory on an EarthOne or TeenPlus account. Please send me a temporary access code.

I elect to receive my statements via internet banking. I understand that paper statements will not be forwarded to me and I can choose to commence receiving paper statements at any time by contacting Teachers Credit Union.

Member share

The \$10 member share will be paid by:

- transfer from the related member's account OR
- enclosed cheque or money order.

OFFICE USE

Scan:   
Op:   
Date:

Conditions/declaration

I have received, read, understood and agree to be bound by the Conditions of use - accounts and access.

I agree to be bound by Teachers Credit Union Constitution, copies of which are available on request.

I authorise Teachers Credit Union to send marketing information on the Credit Union and other third party products. I can "opt-out" or "opt in" at anytime by contacting Teachers Credit Union.

I (the related member) give consent to Teachers Credit Union Limited, to issue a rediCARD and Personal Identification Number (PIN) to a person under the age of 18 years who is the signatory on this account. I also agree to accept all responsibility for the use of and transactions made on the card until the applicant reaches the age of eighteen years.

I understand Teachers Credit Union will collect personal information as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) 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 Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth).

I understand that if I provide Teachers Credit Union with incomplete or inaccurate information that Teachers Credit Union may not be able to provide me with the products or services that I am seeking.

I apply for membership and include \$10 payment for one member share.

Related member's signature

Date

Under 18 account holder's signature

Date

Please return this form

By mail to: Teachers Credit Union, PO Box 7501, Silverwater NSW 2128

As we require your original signature, we cannot accept a faxed copy of this form.

OFFICE USE	Share paid by (circle)	RU	DP	Dept	Sig	Non Sig	Other
	Chq MO GL Tfr		\$				

## Under 18 - Document certification statement

### Faxed documents cannot be accepted

The law requires us to verify the identity of persons opening an account. For persons under 18 the only form of identification required is a birth certificate.

- If you are mailing a copy of the birth certificate you must have it certified by a person on the **Certifier categories** list with an **endorsement statement** as per instructions below. Have your certifier complete this form.
- The certifier cannot be related to you.
- If you are presenting an original document directly to a Teachers Credit Union staff member, the certificate does not need to be certified.
- Do not use correction fluid on this form. Any alteration should be crossed out and initialled.

#### Under 18 account holder's details

First name	Middle name
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	

#### Certifier's details

Title  Mr  Mrs  Ms  Miss Other

First name	Middle name
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Occupation	
<input type="text"/>	
Residential or business address (PO box not acceptable)	
Unit/Floor/Street no	Street
<input type="text"/>	<input type="text"/>
Suburb/Town	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Home phone	Mobile phone
<input type="text"/>	<input type="text"/>
Work phone	
<input type="text"/>	

#### Certifier categories

Tick the category you, as the certifier, belongs to

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);
- a judge of an Australian court;
- an Australian magistrate;
- a chief executive officer of an Australian Commonwealth court;
- a registrar or deputy registrar of an Australian court;
- an Australian Justice of the Peace; JP registration no
- an Australian notary public;
- an Australian police officer;
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees;
- a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

#### Certifier's endorsement statement

The certifier must ensure the following instructions are adhered to on our behalf

- I have examined the original identification documents listed above.
- I have enclosed all certified copies of each document for Teachers Credit Union.
- I have endorsed each copy of the identification document with the following statement:

*'This is to certify that this is a true copy of the original which I have sighted. Date, Name, Signed, Title, Registration Number (if applicable)'*

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.

<b>Certifiers signature</b>	<b>Date</b>	<b>Print name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Please return this form

**By mail to:** Teachers Credit Union, PO Box 7501, Silverwater NSW 2128

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