

Member Details

MEMBER NAME		MEMBER NUMBER(S)	
ADDRESS	SUBURB/TOWN	STATE	POSTCODE
HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL ADDRESS

PART A

New Term Deposit (MSO Use Only)
 Amount \$ _____ Term in months _____ Account Type _____ Deposit No. _____

Principal Instructions on Maturity (note: fill out required information below, if selecting option for either cheque, transfer or deposit into Police Bank A/C)

Reinvest

Transfer to Police Bank Account

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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Interest Payment (Refer to Interest Brochure and FSG to confirm interest payment on term selected)

Maturity Fortnightly Monthly Six Monthly Annually (for Terms over 12 months)

Reinvest

Transfer to Police Bank Account

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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PART B

Redemption on Maturity Redemption Prior to Maturity **(Reduced Interest may apply as per Terms & Conditions)**

I/We wish to redeem (please circle) **ALL MONIES / PART THEREOF** from my/our Term Deposit

Amount \$ _____ Term Deposit No. _____ Account Type (e.g. I5) _____

Transfer to Police Bank Account

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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New Term

A/C TYPE (E.G. I5)	DEP NO.	MONTHS	INTEREST	PRINCIPAL
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PART C: Alteration to Term Deposit (at Maturity only)

ADDING FUNDS TO TERM DEPOSIT I/We wish to add funds to my/our existing Term Deposit:

Amount \$ _____ Term Deposit No. _____ Account Type (e.g. I5) _____

Method of Payment Cash Transfer from

A/C TYPE (E.G. S1)	MEMBER NO.	NAME
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CHANGES TO TERM DEPOSIT I/We request that the following changes be made to my/our existing Term Deposit:

Term Type _____ Deposit Number _____

New instructions for Interest Payment (refer to Interest Rate brochure and FSG to confirm Interest payment on term selected):

Maturity Fortnightly Monthly Six Monthly Annually (for Terms over 12 months)

Reinvest

Transfer to Police Bank Account

MEMBER NO.	ACCOUNT TYPE	MEMBER NAME
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Transfer to Other Institution

ACCOUNT NAME	INSTITUTION	BSB	ACCOUNT NUMBER
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I/We have received, read and understood the terms and conditions which apply to the products / service(s) applied for on this form

Signature (1)	Date	Signature (2)	Date
_____	____/____/____	_____	____/____/____

Office Use Only To be processed on (date) ____/____/____

MSO Use Only Service Centre _____ Processing Operator Number _____ Receiving Operator Number _____

Transaction Services Use Only Checked by _____ Date ____/____/____ Operator Number _____