

Term Deposit Application



Membership Name:

Member/Client No:

I/We wish to deposit an amount of \$ _____ For a period of _____ months
_____ days at _____ % per annum.

Interest Payment Instructions:

(Please tick appropriate box)

Compound Interest Credit Savings S _____ Mail Cheque

Interest Payment Frequency:

At Maturity (I95) Annually (I96) Six Monthly (I97) Monthly (I99)

Maturity Instructions:

- Renew deposit – will be renewed for the same term and interest payment frequency that it was originally invested for. The interest rate will be the rate applicable on the day of maturity.
- As instructed prior to maturity.

Common Reporting Standard (CRS) – Completion of all questions is mandatory:

Are any individual applicants residents of any country other than Australia or US? Yes – please complete the Foreign Tax Details Form No

Is the Entity created in any other country other than Australia or US? Yes – please complete the Foreign Tax Details Form No

Is the Entity Account Holder a Passive Non-Financial Entity? Yes – please complete the Foreign Tax Details Form No

Foreign Accounts Tax Compliance Act (FATCA) – Completion of all questions is mandatory:

Are any applicants Citizens or Residents of the US for Tax purposes? Yes - please complete the Foreign Tax Details Form No

Is the Entity created in the US, established under the laws of the US or a US taxpayer? Yes – please complete the Foreign Tax Details Form No

Is the Entity a Financial Institution? Yes – please complete the Foreign Tax Details Form No

Are the controlling persons of an Entity Citizens or Residents of the US for Tax Purposes? Yes – please complete the Foreign Tax Details Form No

For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

Important Customer Information

Please consider the information below before investing in a term deposit account with us:

1. If you require immediate access to your funds in the future, please consider whether this product is appropriate for you. We have other deposit products available which may be more suitable.
2. By opening a term deposit, you consent to us automatically renewing your investment on the maturity date. If no instructions are received by us before the maturity date, we will automatically roll your principal and interest into an account with the same investment term (or nearest equivalent term if the previous investment term is no longer available) at the prevailing interest rate for that term. Due to interest rate movements over time, the interest rate applicable to the new investment may be lower than the rate applied to the previous investment.

BDCU Limited ACN 087 649 787 (BDCU) is an agent of Bendigo and Adelaide Bank Limited (Bendigo Bank) ACN 068 049 178 AFSL/Australian Credit Licence 237879 in the distribution of BDCU Alliance Bank™ branded products and services.

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Ph (02) 4860 4000 Fax (02) 4861 6222 Email memberservice@bdcualliancebank.com.au Web www.bdcualliancebank.com.au

3. Whenever you invest with us you have a 7 day grace period, starting on the day after the maturity date, to make any changes to your investment. For instance, you may want to withdraw funds from your investment, increase your investment amount or change the length of your investment term. During the grace period, you can make any such changes to your account without incurring an interest rate reduction.
4. If you wish to withdraw or transfer your funds after the grace period and before the next maturity date, we may at our discretion not permit the withdrawal or transfer for up to 31 days (or the next maturity date if sooner), but we will permit withdrawal or transfer during this period in the case of proven hardship. A reduced interest rate may be applied to your funds.

By signing this form you acknowledge you have read and consent to the information above

Member Declaration	
I/We have received, read, understood and accept the Terms and Conditions of this product for which I/we have applied.	
Signature: _____	Signature: _____
Date: ____ / ____ / ____	Date: ____ / ____ / ____

Office Use Only (Please tick each box to indicate all actions have been completed)	
<input type="checkbox"/> Acceptable ID Documents sighted	<input type="checkbox"/> TFN Loaded / Applied (if provided by member)
<input type="checkbox"/> ID Document type	<input type="checkbox"/> Provide PDS & FSG Compliance Pack (event loaded)
<input type="checkbox"/> ID Document No or Ref	<input type="checkbox"/> Signature checked & verified to ID document
<input type="checkbox"/> Statement / Letter requests loaded	
Negotiated rate referred to: _____ Rate negotiated: _____ %	
Operator: _____	Held as security? Yes <input type="checkbox"/> No <input type="checkbox"/>
Branch: _____	Deposit Number _____
Date: _____	

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