

Additional Signatory: Personal Authority

Signatory Power of Attorney

Account Owner's Member Number

Account Owner's Name

ACCOUNT OWNER'S ADDITIONAL SIGNATORY AUTHORITY:

I authorise the person whose details and signature are listed below to operate on my Membership and to seek access from the Credit Union to any information concerning my Membership. I agree to indemnify the Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this Authority, provided that the Credit

Union has acted within the terms of this Authority. I declare that the Credit Union may act upon this Authority until it has received my written instructions to the contrary. Such Authority, however, does not apply to Loan Applications, collection of loan funds, and closure of accounts.

PLEASE SPECIFY TO WHICH OF YOUR ACCOUNTS THIS SIGNATORY AUTHORITY APPLIES

All Other: _____

ACCOUNT OWNERS SIGNATURE

Date

 / /

IS THE ADDITIONAL SIGNATORY AN EXISTING FSCU MEMBER?

No If not an existing fscu member: New Signatory please complete details overleaf & and sign where indicated. Please supply identification document (eg Drivers Licence)

Yes If Yes, please complete here and sign. Note: FSCU may require updated ID (eg Drivers Licence)

VISA CARD

I understand FSCU will issue a Visa Debit card to allow access to the Account Owner's account(s).

Signatory's Member Number

INTERNET BANKING

I understand I will access the Account Owner's account via my own Internet Banking login, including activation of Visa Debit card and PIN selection.

Signatory's Name

SIGNATORY SIGNATURE (EXISTING MEMBER)

Date

 / /

OFFICE USE ONLY

New to FSCU: Open New RIM following usual Opening Checklist with RIM Class Code: Signatory
Existing FSCU member: Add Additional Signatory Relationship to Account Owner's RIM / Update ID details
Visa cards: Order Visa card under Signatory's RIM, amending Name in Card Controls to include 'SIG'
Internet Banking: Link accounts to Signatory's Internet Banking in RIM Services
General T&C and PDS: Email links for General T&C and Savings/TD PDS to Signatory

PERSONAL DETAILS

Member Number

Surname

Date of Birth

 / /

Employer

Country of Citizenship

Do you or an immediate family member hold a Public Office Positions?
(eg politician, senior SAMFS rank)

Yes No

Title

Mr / Mrs / Mrs / Ms / Other

Given Names

Drivers Licence Number & Expiry Date

Occupation

Country of residence for tax purposes*

If YES please provide details:

RESIDENTIAL ADDRESS

Unit / Street no.

Street Name

Suburb

State

Postcode

MAILING ADDRESS

If different from residential address above

CONTACT DETAILS

Home Phone

Mobile Phone

Email

Work Phone

MEMBER ACCESS CODE

Please choose a four digit Access Code for identification purposes

Note: We recommend that you do not use the same code as your PIN for security reasons. You should also avoid using your Employee Number.

FSCU staff may ask for your Access Code to verify your identity.

ACCESS METHODS

VISA DEBIT CARD

Activate Visa Debit card and select PIN via Internet Banking or Mobile App

I request Fire Service Credit Union Ltd to issue me with a Visa Debit Card. Withdrawal limit on Visa Debit Card is \$1000 per day unless I request a higher limit. Merchants and other institutions may impose additional restrictions.

INTERNET BANKING

I understand I will access accounts using my own Internet Banking log in details.

MEMBERSHIP DECLARATION:

I agree to be bound by the rules of FSCU and any registered amendments. I acknowledge receipt of FSCU's Terms and Conditions for Deposit accounts and agree to be bound by them. I understand FSCU will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act) 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 AML/CTF Act. I believe the above details to be true and correct. It is an offence under the AML/CTF Act to give false and misleading information. I understand that if I provide FSCU with incomplete or inaccurate information that FSCU may not be able to provide me with the products or services that I am seeking.

SIGNATORY SIGNATURE (NEW MEMBER)

Date

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