



Account Opening Request Additional Signatory Transfer Existing Facility

Membership Number

Date: / /20

Account Name: _____

Open Account:

S1 S5 S6 S28 S29 S50 S _____ Additional Signatory

| Name | Signature | Member Number | ATO |
|------|-----------|---------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Method of Operation: Anyone 1 to sign All Parties to sign Other _____

Transfer Existing Account:

Transfer from: S _____ To: S _____

Transfer: All facilities Visa Only Cuecard Only Cheque Only Overdraft Only

I hereby authorise my existing facilities to be transferred/linked to my NEW account. I understand that the above transfer can only proceed if my account holds a CREDIT balance.

Transfer of Funds:

I/we authorise CCU to transfer: \$

From: _____ To: _____

I have been supplied with the current Product Disclosure Statement for the relevant account/s opened (effective 01 April 2006).
General Advice Warning: The advice has been prepared without taking into account the member's objectives, financial situation or needs; Because of that, the member should, before acting on the advice, consider the appropriateness of the advice, having regard to the member's objectives, financial situation and needs; If the advice relates to the acquisition, or possible acquisition, of a financial product, the member should obtain a PDS before making any decision whether to acquire the product.

Member Signature/s: _____

Office Use Only

Prosper

Source of Funds:

FSR Documentation

MSO:

IVR13

Operator Number: