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 PO Box 12140  
 George Street Q 4003  
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Queensland  
**PROFESSIONAL CREDIT UNION** Ltd  
 ABN 81 087 651 045 AFSL 239562

## APPLICATION FOR FIXED TERM DEPOSIT

### A Membership Details

MEMBER NUMBER:

Is the Account held in Trust:  Yes  No

If yes, Name(s) of Beneficiary(s):

### B Personal Details

#### PRIME MEMBER DETAILS

Dr  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname

Given Names

Other commonly known names (if any)

Date of Birth

Email

#### JOINT MEMBER DETAILS (if applicable)

DR  MR  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname

Given Names

Other commonly known names (if any)

Date of Birth

Email

Have you changed your address?  No  Yes. If yes, please complete your new details below

New Home Address  Postcode

New Postal Address  Postcode

### C Investment Plan- Refer to our current Interest Rate Chart for interest rates

Please complete where applicable

TERM: 3 OR 6 MONTHS	TERM: 12 MONTHS	TERM: 2 YEARS
I/we wish to deposit the sum of \$_____ for the term of	I/we wish to deposit the sum of \$_____ for the term of 12 months (Min \$5,000)	I/we wish to deposit the sum of \$_____ for the term of 2 years (Min \$5,000)
<input type="checkbox"/> 3 months (Min \$5,000) <input type="checkbox"/> 6 months (Min \$5,000)	At Interest Rate of _____% p.a.	At Interest Rate of _____% p.a.
At Interest Rate of _____% p.a. With Interest paid on maturity.	With Interest paid on maturity.	With Interest paid annually.

### D Interest Instructions- Please indicate action required (Tick Box)

- Automatically** Re-Invest with original deposit on maturity (Available only where interest is paid on maturity)
- Credit my/our Savings Account Number \_\_\_\_\_
- Send cheque to my/our home address \_\_\_\_\_
- Other Address for payment of cheques \_\_\_\_\_

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## E Deposit Funding Details

Please complete where applicable

I/we enclose the sum of \$ \_\_\_\_\_

or

I/we request that you transfer the sum of \$ \_\_\_\_\_ from my/our Savings A/C No. \_\_\_\_\_ to be applied as a fixed Term Deposit.

I/we understand that Term Deposits mature on the 28th day of the relevant month, I/we acknowledge that should this Term Deposit be redeemed prior to the maturity date specified on my/our Certificate of Investment, a penalty interest rate will apply.

I/we hereby authorise the Queensland Professional Credit Union Ltd to use the personal information contained in this application for the purpose of processing this application.

NOTE: Interest is earned from date of acceptance. On receipt of this application, the Credit Union will acknowledge its acceptance in writing. The Queensland Professional Credit Union reserves the right to not accept further applications at any time.

Signature of  
Prime Member

X

Date

Signature of  
Joint Member

X

Date

I have received a Members Information Folder