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

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 _____

Continue on the next page >

< Continued from page one

E Deposit Funding Details

Please complete where applicable

I/We enclose the sum of \$ _____

or

I/We request 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.

AUTHORISED SIGNATORIES

Signature of
Prime Member

X

Date

Signature of
Joint Member

X

Date