

Child Membership Request Form



bcu is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
 PO Box 1563, Coffs Harbour, NSW 2450
 T 1300 228 228 | W bcu.com.au

PRODUCT SELECTION

Scoot Super Saver Account Access Account Dream Saver Account

APPLICANT DETAILS

Title _____ Surname _____

Given name/s _____ Date of birth _____

Home address _____ Suburb _____ State _____ Postcode _____

Postal address _____ Suburb _____ State _____ Postcode _____

Phone: Home _____ Mobile _____

Email _____

Identification password (4-10 characters, no numbers) _____

Is the child applicant an existing bcu member? yes no (please complete the Certification section of this form)

PARENT/GUARDIAN DETAILS

Parent/Guardian 1

Title _____ Surname _____

Given name/s _____

Date of birth _____ / _____ / _____

Current residential address

Street number & name _____

Suburb _____

State _____ Postcode _____

Postal address (leave blank if same as above)

Street number & name _____

Suburb _____

State _____ Postcode _____

Phone (home) (_____) _____

Mobile _____

Email address _____

Are you an existing bcu member?

yes Member number _____

no (please complete Certification Form)

Parent/Guardian 2

Title _____ Surname _____

Given name/s _____

Date of birth _____ / _____ / _____

Current residential address

Street number & name _____

Suburb _____

State _____ Postcode _____

Postal address (leave blank if same as above)

Street number & name _____

Suburb _____

State _____ Postcode _____

Phone (home) (_____) _____

Mobile _____

Email address _____

Are you an existing bcu member?

yes Member number _____

no (please complete Certification Form)

TAX FILE NUMBER

Quotation is not compulsory but tax may be taken out of the applicant's interest if the tax file number is not quoted or evidence of exemption is not provided. Tax file number _____

APPLICANT ACCESS

Would you like to order a Visa Debit card for this membership? yes no

Would you like Online Banking access for this membership? yes no

Note: only applicants above the age of 12 are eligible for their own Internet banking, card and access with parent/guardian approval.

X

Date _____

Applicant's signature

X

Date _____

Parent/guardian signature *required if applicant is under 16

PARENT/GUARDIAN ACCESS

Is the parent/guardian a current Internet Banking or Phone Banking user? yes no
Would you like Internet Banking access set up for the parent/guardian to access this membership? yes no

Privacy Statement And Consent

This Statement explains how bcu and its related bodies corporate (“we/us/our”) collect, use and disclose personal information and send communications about products and services.

Personal information is any information or opinion about an identified individual, or an individual who is reasonably identifiable. Your personal information includes information such as your name, contact details and your interactions with us (such as transactions on your account). It may also include information about you that is publicly available.

Providing information about another person

When you give us personal information about another person, you represent that you are authorised to do so and agree to inform that person of the contents of this Statement as it relates to them.

Purposes for which we collect and use personal information

We collect your personal information to: assess and process a membership request, an application for any product or service that you make or for which you are a signatory, or representative; manage our relationship with you; for internal processes including product development, strategic planning, risk management and pricing; to meet our obligations in relation to external payments, credit reporting systems, government bodies and our funding arrangements; comply with regulatory requirements; identify and (unless you tell us not to) tell you about products and services (including products and services of third parties) that may interest you.

The information we collect about you may also include sensitive information (for instance information about your health, or your membership of a professional or trade association) where we collect it for a specific purpose, for example, in assessing whether you have a pre-existing medical condition for insurance purposes.

If you use our website we may collect information about your location or activity (including whether you have accessed third party sites) to customise your experience.

We also collect your information to identify you in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006. We are permitted to collect, but you are not required to provide, your Tax File Number under the Taxation Administration Act 1953 and the Income Tax Assessment Act 1936. Information is requested about tax residency of other countries in order to help us comply with taxation laws including Common Reporting Standard, Foreign Account Taxation Compliance Act and non-resident withholding tax.

You consent to us collecting your personal information (including sensitive information) for the purpose described above. Without your information we may not be able to provide you with the services or products you require.

Unless you tell us not to, by accepting the terms of this Statement, you consent to us using your personal information (including information collected from others) to advertise or promote products, services, or business or investment opportunities we think may interest you, including by:

- contacting you by telephone (notwithstanding registration at any time of your telephone number on the Do Not Call Register) or writing to you; and
- sending commercial electronic messages to any electronic address which you provide or for which you are responsible (and in that regard you warrant that you have authority, either as or on behalf of the electronic account holder, to provide this consent and agree that until you withdraw your consent by providing written notice to us or using an unsubscribe facility in the message, we may continue to send commercial electronic messages to those addresses).

You can ask us not to contact you about products and services and not to disclose your information to others for that purpose by calling us on 1300 228 228.

Exchange of personal information and transfer overseas

We may exchange personal information about you with: other persons to verify that it is correct (for example with your employers); our related bodies corporate, assignees, agents, contractors and external advisers; organisations for verifying your identity; your agents, advisers, executors, administrators, trustees, beneficiaries (if you are a trustee), guardians or attorneys; law enforcement, regulatory and government bodies; anyone who introduces you to us; reward program providers, third parties providing fraud detection services; payment system operators; your and our insurers or prospective insurers and their underwriters; any person we consider necessary to execute your instructions; persons with whom you make a joint application for a product or service provided by us; any financial institution to or from which a payment is made in relation to any account you have or operate; financial institutions, and debt collecting agencies.

We may disclose your personal information to our systems support and administrative service providers located overseas. The bcu Privacy Notice and Consent - countries to which this information may be disclosed may include the Philippines, Netherlands, the United States of America and the United Kingdom.

Tax Residency

In accordance with our obligations under taxation laws, including the Common reporting Standard (CRS) and Foreign Account Tax Compliance (FATCA), bcu is required to confirm your residency status for taxation purposes.

1. Are you an Australian resident for tax purposes? Yes No
2. Are you a US citizen or resident for tax purposes? Yes No
3. Are you a resident tax purposes of another country? Yes No

If yes, please state: _____

If you answered yes to questions 2 or 3 above, please provide your Foreign Taxpayer Identification Number (TIN) _____

If there is a change in circumstances that causes any information provided here to become incomplete or inaccurate I will notify bcu as soon as possible.

Further information

You have rights to access your personal information we hold, to request us to correct the information, and to make a complaint to us about a breach of your privacy rights. For more information refer to our Privacy Policy on our website bcu.com.au or call us on 13 25 77.

Declaration

By ticking this box and signing below I declare that the information in this application is true and correct and agree to be bound by the Terms and Conditions for any account, product or service. I will notify bcu of any changes that would render the information in this form incorrect or unreliable.

I agree to the terms of this Privacy Statement and Consent to Use Your Information, and I consent and agree to bcu Bank collecting, using, exchanging and transferring overseas, my personal information as described and as set out in bcu's Privacy Policy.

By ticking this box and signing below I hereby acknowledge my child is under 12 years of age and will become a non-shareholding member of bcu.

By ticking this box and signing below I hereby acknowledge my child is 12 or over and applies for a share to become a member of Police & Nurses Limited.

I acknowledge that a call may be made for payment of the share subscription price of \$10 by Police & Nurses Limited at anytime and I will have 14 days to satisfy that call. I acknowledge and agree that Police & Nurses Limited may deduct \$10 from my bcu account to satisfy any call.

I acknowledge that if I attempt to pay the subscription price for my share before a call is made any funds received will be returned to me. I understand that if I become a Member, I will be bound by the Constitution of Police & Nurses Limited.

X

Parent/Guardian 1 signature

Name _____

Date _____

X

Parent/Guardian 2 signature

Name _____

Date _____

OFFICE USE ONLY

Member Identification & Verification..

Verify parent/guardian's full name & either their date of birth or residential address.

Type of document	Birth certificate	Document number	
Name on document		Document number	
Date of birth			
Residential address			
Date of issue		Expiry date	
Place/Office of issue			

Officer name _____ Signature _____

CHECKLIST

Staff are to check each box to denote information has been provided to member or action taken.

Disclosure Documents Issued

Financial Services Guide (all new memberships)

Savings Accounts

Savings _____

- Savings Accounts & Account Access Channels terms and conditions
- Schedule of Access, Fees and Charges - Savings and Transaction Accounts
- Privacy Notification
- Investments and Savings Rates Schedule
- Visa Debit card terms & conditions
- Advised Internet Banking Services Terms & Conditions are available online

Cards Visa Debit Card

- Issued Card Product Disclosure Statement
- Issued Card Conditions of Use

Method of disclosure handed posted emailed

Administration

- Identification achieved by original document/s certified copies & Certification Form
- Membership opened
- Tax file number
- Direct marketing consent recorded
- Share opened (if applicable)
- Other accounts opened and opening deposits processed
- Card request completed (if applicable)
- Card ordered (if applicable)
- Internet Banking Services activated (if applicable)
- e-statements registered (if applicable)

Officer _____ Operator no. _____ Signature _____ Date _____