

# APPLICATION FOR CHANGE OF ACCOUNT TYPE



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
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## MEMBER DETAILS

### Primary Member

Member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given name/s \_\_\_\_\_

### Secondary Member

Member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given name/s \_\_\_\_\_

Account number \_\_\_\_\_ Account name \_\_\_\_\_

## CHANGE OF ACCOUNT TYPE

Please transfer balance of account and all eligible services. (Note: the following services are not available with all account types: overdraft, card access, direct debit and auto transfer. Those facilities that are not available will be closed.)

**From:** Account number \_\_\_\_\_ Description \_\_\_\_\_ **To:** Description \_\_\_\_\_

If this request to change account type is as a result of the closure of a Mortgage Offset Account, the new account type must be a Transactional Savings Account, not a Special Purpose Account. If no account type is selected, we will automatically transfer your current account to an Access Account and any ineligible services will be closed.

## SIGNATURE VERIFICATION

I/We accept the Terms & Conditions of the new account type as requested above.

I/We acknowledge that only eligible facilities will be transferred to my new account type.

Primary member's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Secondary member's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

Please view the current account attributes to determine which facilities are eligible to be transferred and which facilities must be closed. Please obtain all supporting facility closure documents.

	Member Advised	Closure form obtained	Converted	Closed
Overdraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct debits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always answer "YES" to the Phoenix questions #4598 and #1611 in relation to the new class values and pending charges.

Disclosure documents

Savings and Transaction Products, Product Disclosure Statement

Fees & Charges

Investments and Savings Rates Schedule

Method of disclosure to the member  handed  posted  emailed

Officer \_\_\_\_\_ Operator no. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Transfer complete