

Bring this form into a branch or send to:
 Australian Military Bank
 PO Box H151, Australia Square NSW 1215

PRIMARY ACCOUNT HOLDER

Member Number

Account Name

Residential Address

Suburb State Postcode

Postal Address (if different from residential address)

Suburb State Postcode

Home Phone Work Phone

Mobile

Email

SECONDARY ACCOUNT HOLDER (IF APPLICABLE)

Member Number

Account Name

Residential Address

Suburb State Postcode

Postal Address (if different from residential address)

Suburb State Postcode

Home Phone Work Phone

Mobile

Email

OPEN/CHANGE ACCOUNT/S (tick box if applicable)

I/We wish to open the following account(s) and/or make the following change (tick the appropriate box/s):

| | | | | |
|--|-------------------------------------|----|-------------------------------------|------------------|
| <input type="checkbox"/> S1 (Access) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S4 (Pension Access) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S8 (Christmas Club) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S9 (Cash Management) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S16 (Recruit Salary Saver) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S18 (Military Rewards) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S20 (Star Saver Direct) | <input type="checkbox"/> Individual | OR | <input type="checkbox"/> Joint | Member No. _____ |
| <input type="checkbox"/> S3 (Junior Saver) | <input type="checkbox"/> Child | OR | <input type="checkbox"/> Adolescent | |
| <input type="checkbox"/> S6 (Mess Account only) | | | | |
| <input type="checkbox"/> S15 DIY Super Saver - For self managed super fund members. For more information please contact 1300 13 23 28. | | | | |

I/We enclose: Cheque/cash of \$ or Net Pay/Allotment Authority

Or Please transfer \$ from my/our Account No. (S20 not available)

Number of signatories required _____

CENTS GIFTING PROGRAM (complete for S18 Military Rewards Accounts only)

I/we would like to support (select one option only):

RSL Defence Care
 Legacy
 Mates4Mates
 Soldier On
 Allocate my contribution equally

AUTHORITY TO OPERATE (tick box if applicable)

I/We wish to add an Authority to Operate on this account. I/We have completed the relevant form.

I/We acknowledge that I/we have received, read and understood the Terms and Conditions of Australian Military Bank's products and services.

Primary Account Holder Signature

Secondary Account Holder Signature

Print Name

Date / /

Print Name

Date / /