

Change/Open Additional Account Application

Primary Account I	Holder		Secondary Acco	Secondary Account Holder (if applicable)		
Member Number			Member Number	Member Number		
Account Name			Account Name	Account Name		
Residential Address			Residential Address			
Suburb	State	Post Code	Suburb	State	Post Code	
Postal Address	As above		Postal Address	As above		
Suburb	State	Post Code	Suburb	State	Post Code	
Home Phone			Home Phone			
Work Phone			Work Phone			
Mobile			Mobile			
Email			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):

Military Rewards	Individual	OR	Joint	Member No
Recruit Salary Saver	Individual	OR	Joint	Member No
Access	Individual	OR	Joint	Member No
Pension Access	Individual	OR	Joint	Member No
Military Kids	Individual	OR	Joint	Member No
Online Saver	Individual	OR	Joint	Member No
Christmas Club	Individual	OR	Joint	Member No
Offset Account	Individual	OR	Joint _I	- Member No
DIY Super Saver - For self For more information pleas		•	nembers.	- Loan Account No.(this offset account linked to)



Cents Gifting Program (complete for S18 Military Rewards Accounts only)

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

Legacy Mates4Mates RSL Life Care

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.

Declaration and Signature

By signing this application form,

- I/We agree to our personal information being collected, used and shared in accordance with the Australian Military Bank Privacy Collection Notice and Privacy Policy available at australianmilitarybank.com.au/privacy.
- I/We have received, read and understood Australian Military Bank Account and Access Terms and Conditions, Fees and Charges Schedule, Target Market Determination and Financial Services Guide available at australianmiltarybank.com.au/ disclosuredocuments.
- I/We agree to our information being checked with the document issuer or official record holder via third party systems to confirm our identity.
- I/We agree to receive statements and other communications about our account/s electronically via email, SMS and/ or digital banking. I/We understand we may request paper statements at any time, however fees and charges may be applicable as per the Fees and Charges Schedule.

Signature of Applicant(s)

Name of Applicant

Name of Second Applicant

Signature

Date

Signature

Date

*digital signatures accepted

*digital signatures accepted

