

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"/> Access	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Pension Access	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Recruit Salary Saver	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Military Rewards	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Star Saver Direct	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Junior Saver	<input type="checkbox"/> Child OR <input type="checkbox"/> Adolescent	Member No. _____
<input type="checkbox"/> Offset Account	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> Mess Account only	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____
<input type="checkbox"/> DIY Super Saver - For self managed super fund members. For more information please contact 1300 13 23 28.		Member No. _____ Loan Account No. (this offset account linked to) _____
<input type="checkbox"/> Online Saver Account	<input type="checkbox"/> Individual OR <input type="checkbox"/> Joint	Member No. _____

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

Or Please transfer \$ from my/our Account No. (Star Saver Direct 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

PO Box H151, Australia Square NSW 1215 | Ph: 1300 13 23 28 | Fax: 02 9240 4140 | Email: service@australianmilitarybank.com.au
australianmilitarybank.com.au | Australian Military Bank Ltd ABN 48 087 649 741 | AFSL and Australian credit licence number 237 988

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 / /