## term deposit application



ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235 Head Office : 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 279 | P 1800 353 041 | F (03) 9370 5361 www.dnister.com.au | admin@dnister.com.au

member details									
Name						Member	Number		
Address						Account	Number		
Phone			Fax			Email			
term of inve	estment								
Term			Interest Rate Maturity Da		% p	a Amount		\$	
interest payments									
Please indicate how you would like interest payments to be dealt with on maturity.									
Re-invest (Capitalise)									
Transfer to Dnister account number									
Other	r								
method of account operation									

Either may sign
Both must sign
At least must sign

## declaration

I/We acknowledge having received and read the relevant Terms and Conditions including the Product Disclosure Statement relating to this Investment Account and further agree and accept to be bound by them. I/We agree to pay all charges required by Dnister in accordance with the Corporations Act and as detailed in Dnister's Fees and Charges schedule.

> Please forward the **completed and signed application to Dnister** by mail or via the fax number listed. If you have any queries or require further assistance, please contact our member services team.

account owner / signatory - ple	ase circle	account owner / signatory - please circle					
Full name		Full name					
Signature		Signature					
Member no.	Dated	Member no.	Dated				
office use only		tax file number & exempti	ons				
Processed by	Date		s you TFN, however if you don't, we are				
Verified by	Date	required to withhold tax (at the highest marginal rate plus Medicar from any interest paid to you. If you have already supplied your TF					
TFN loaded		this membership, we will auto you advise us in writing not to.	matically link it to this new account, unless				
	Tax File Number						
			MS-0917 term deposit applica				

