

MEMBER DETAILS

Member No.	Account Name		
<input type="text"/>	<input type="text"/>		
Address		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone	Mobile	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I/We wish to open a Term Deposit Account as follows:

Investment Plus (Interest paid at maturity, or every 12 months)
 Income Plus (Interest paid monthly)
 Teen Plus (Interest paid at maturity - min. \$500)

Please add Member Number: as an:
 Authority to operate
 Secondary Number

Term:

3 months
 6 months
 9 months
 12 months
 15 months
 18 months
 24 months
 36 months
 Other _____

Principal	Interest Rate	The actual interest rate applied to the Term Deposit will be the rate then current for the particular amount and term period at the date of Australian Military Bank's acceptance of the Term Deposit
\$ <input type="text"/>	<input type="text"/> % p.a	

INSTRUCTIONS FOR PRINCIPAL AND INTEREST AT MATURITY

Principal *(tick one box only)*

Deposits will be automatically reinvested at maturity (and on each subsequent maturity) for the same period as the maturing deposit, and at the interest rate then current, UNLESS you select ONE of the following options:

Transfer principal to my Australian Military Bank Account No.

Transfer funds to another financial institution

BSB	Account No.
Account Name	

Interest *(tick one box only)*

Leave this section blank if interest is to be reinvested with principal

Add interest to principal amount for re-investment on maturity (Compound interest on due date)

Transfer interest to my Australian Military Bank Account No.

Transfer funds to another financial institution

BSB	Account No.
Account Name	

You should read and consider our Terms and Conditions which has been issued to you before making any decision about whether to apply for a Term Deposit. The Terms and Conditions are readily available on our website at australianmilitarybank.com.au, or at any Australian Military Bank branch.

Please note: A member of Australian Military Bank staff may contact you to verify the information you have supplied herein.

1. Signature and Full Name

<input type="text"/>	Date / /
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2. Signature and Full Name

<input type="text"/>	Date / /
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OFFICE USE ONLY

Check TFN(s) / ABN / ACN
 I _____ Account Opened
 Funds Paid

Branch	Operator	Interest Rate	Deposit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>