

# Edvest application

## What are your personal details?

Title  Mr  Mrs  Ms  Miss Other  Member no.

First names  Surname

I am:  50 or over OR  Medically retired

## Membership fee payment options

Please deduct the pro-rata payment for my Edvest membership and future annual Edvest membership fees from my:

Please tick one:  Everyday  Everyday Direct  Bill Paying account

## Nominate your Edvest membership to an account

Please tick one:  Own account in my name  Another account in joint names where I am the first named member

## Take advantage of your Edvest membership

Fill in your insurance details below and we will contact you with a discounted insurance quote and more information closer to your next renewal date.

Motor vehicle	Home	Contents
Renewal date <input type="text"/>	Renewal date <input type="text"/>	Renewal date <input type="text"/>
Current insurer <input type="text"/>	Current insurer <input type="text"/>	Current insurer <input type="text"/>

Please send me more information (including application forms) on:  RediCredit  Edvest term deposit  Zurich Term Life  Bridges

Other (please specify)

## Please sign below in black pen only

- ▶ I authorise you to deduct my annual non-refundable Edvest membership fee from the above account in January each year until I withdraw this authority in writing. I will ensure I have the necessary funds in this account.
- ▶ I understand benefits cease when my fees are unpaid.
- ▶ I understand that Edvest benefits do not extend to Business or Corporate accounts.
- ▶ If you hold equivalent non-Edvest accounts on joining Edvest, you will need to apply to have them transferred to Edvest accounts.
- ▶ For members who are medically retired we may ask for supporting documentation
- ▶ Refer to the Fees and charges brochure for details on fees and charges.
- ▶ We reserve the right to terminate the Edvest program and associated benefits at any time. In such an event fees would be refunded on a pro-rata basis.

Signature  Date

**Office use only**


Member no


Operator no


Date actioned

Sig verified by

## Returning this form

 Teachers Mutual Bank Limited  
Reply Paid 7501, Silverwater NSW 2128

 (02) 8887 7600

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