Transaction and savings accounts applications (Existing members only)

- For an individual account, complete the first account holder details only.
- For a joint account, complete both first and second account holder details.
- Ensure you nominate your account signing preferences e.g. either to sign OR both to sign.
- For joint accounts, the new account(s) will be added to the first account holder's member number.
- Edvest Cash Management account can only be opened by Edvest members.
- Starter Saver account is only available to persons under 30 years of age and uni students at the time of account opening.

First account holder

What are your personal details?

Title (optional) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no. (if known)

Given names	Last name
Country of birth	Countries of citizenship
Date of birth	Mobile phone
Home phone	Work phone
Email	Occupation

Which account(s) would you like to open in your name?

Transaction accounts

☐ Everyday Direct account with Visa Debit card access*

*The Bank reserves the right not to issue a card at its discretion.

Savings accounts

☐ Essential Saver
☐ Pension Advantage
☐ Starter Saver (Under 30s and uni students)
☐ Edvest Cash Management
☐ Momentum Saver

Second account holder (Joint accounts only)

If you wish to open joint accounts with another member, what are their personal details?

Title (optional) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no. (if known)

Given names	Last name
Country of birth	Countries of citizenship
Date of birth	Mobile phone
Home phone	Work phone
Email	Occupation

Which joint account(s) would you like to open?

Transaction accounts

☐ Everyday Direct account with Visa Debit card access*

*The Bank reserves the right not to issue a card at its discretion.

Savings accounts

☐ Essential Saver
☐ Pension Advantage
☐ Starter Saver (Under 30s and uni students)
☐ Edvest Cash Management
☐ Momentum Saver

Signatories on the accounts

You can nominate for either account holder or both account holders to be signatories on Teachers Mutual Bank Limited accounts. Please select one of the following:

☐ Either to sign ☐ Both to sign

Deposit to open account

Transfer ☐ Please transfer this amount from member number _____ and account number _____

Direct debit ☐ Direct debit my account below in the amount of $ _____

Account name | BSB

Fin. Institution | Account no.

Note: Please attach your other financial institution's statement with this request.

Electronic communications

We prefer to communicate with you electronically in a manner that protects your personal information.

By opening an account, you agree that we may give you documentation relating to this application electronically (for example by email, SMS text message, message in Internet Banking, message in our Mobile Banking app) or by making them available to you on our website and telling you that they are available, unless you tell us that you want to receive paper copies. You may request paper copies at any time.

Please sign below

I confirm that I accept the Conditions of use, Accounts and access document, I note and understand the individual requirements for the savings account that I am requesting to be opened.

First account holder

Signature | Date

Second account holder

Signature | Date

Office use only

Member no

Operator no

Date actioned

Sig verified by

Returning this form

mso@tmbl.com.au

Reply Paid 92325 Sydney NSW 2001

(02) 9704 8206