



Queensland Teachers' Credit Union Limited

454 St. Paul's Terrace, Fortitude Valley, Qld 4006.
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ABN 83 087 651 054 AFSL 24 1195

Application for a Gold Note

Staff Use Only:
Account Number

I / we wish to apply for a Gold Note

This is a personal application.

This is a business application in the name of

The deposit holders(s) are:

	First name(s)	Last name	Member number
Deposit owner 1			
Deposit owner 2			
Deposit owner 3			

Deposit Details

Interest rate % p.a.

Commencement Date / /

Please pay interest into savings a/c

Please transfer funds from

Staff Use Only: G/L Number **21096001** Cost Centre

For redemptions I / we require:

only 1 person to sign.

at least people to sign.

all people to sign.

I wish to provide my tax file number

I wish to claim a tax file number exemption for pension

I / we have previously advised our Tax File Number / Exemption and wish to apply it to this deposit.

I / we do not want to quote a Tax File Number / Exemption.

I / we want to have withholding tax deducted from this deposit.

Terms and Conditions

- Where cheques or orders are credited to the account, proceeds will not be available until cleared.
- Gold Notes are individual \$1,000.00 deposits.
- The Credit Union does not allow any increase or decrease to the principal.
- The deposit will mature on the date shown on the Gold Note.
- The Gold Note is not negotiable or transferable and becomes invalid after redemption.
- The Gold Note will be at call after the initial 3 month period.

- Credit Interest will be calculated on a daily basis at the rate stated on the Gold Note for the initial period. Please refer to the Interest Rates brochure for the current rates. Interest will be credited to the account nominated above.
- The Credit Union will accept redemption instructions from any person named as a deposit owner in accordance with the signing requirements.
- These Terms and Conditions do not comprise the entire contract between the deposit holders and the Credit Union. Please refer to the General Terms and Conditions brochure and the Fees and Charges Brochure for further information.

I / we agree to the above conditions.

Deposit owner 1

Signature

Deposit owner 2

Signature

Deposit owner 3

Signature

Credit Union staff will complete this section

	TFN quoted	C.I.P. Completed	Linked to stmt	Linked to IVR.	Existing POA/EPA	Branch Number	Operator Number
Owner 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Owner 2	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Owner 3	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		

Date

Business account, documentation copied and attached to file.

Terms & Conditions supplied to Member(s)