

# APPLICATION FOR CO-OPERATIVE MEMBERSHIP

with SERVICE ONE Mutual Limited

ABN 42 095 848 598

**NOTE: Identification documents to verify particulars of the Co-operative must be provided as requested before we can process your application for membership. Being a mutual organisation, you must establish membership with SERVICE ONE Mutual Limited before you can access either SERVICE ONE Alliance Bank products and services or other third party products and services.**

## CO-OPERATIVE INFORMATION

CO-OPERATIVE NAME

ADDRESS OF  
PRINCIPAL  
PLACE OF  
BUSINESS

ADDRESS LINE 1

ADDRESS LINE 2

SUBURB

STATE

POST CODE

COUNTRY

REGISTERED  
ADDRESS

(if different from above)

ADDRESS LINE 1

ADDRESS LINE 2

SUBURB

STATE

POST CODE

COUNTRY

PHONE

( )

business hours

( )

after hours

EMAIL

IDENTIFYING NUMBER OF CO-OPERATIVE (as provided by relevant state and territory of incorporation)

## IDENTIFICATION DOCUMENTATION REQUIREMENTS

An original or certified copy of the certificate of incorporation

## CO-OPERATIVE SIGNATORIES

### SIGNATORY 1, PRIMARY CONTACT PERSON AND AUTHORISED VOTING OFFICER

Given names (including middle names)  Surname

Home address (no PO boxes)  Suburb  State  Postcode

Postal address (if different from above)  Suburb  State  Postcode

Signature  Date  /  /  SERVICE ONE Member No.\*

Position held

\*If primary contact is either the Chairperson, Secretary or Treasurer, no need to fill in the corresponding section below.

### SIGNATORY/CHAIRPERSON

Given names (including middle names)  Surname

Home address (no PO boxes)  Suburb  State  Postcode

Postal address (if different from above)  Suburb  State  Postcode

Signature  Date  /  /  SERVICE ONE Member No.\*

### SIGNATORY/SECRETARY OR EQUIVALENT

Given names (including middle names)  Surname

Home address (no PO boxes)  Suburb  State  Postcode

Postal address (if different from above)  Suburb  State  Postcode

Signature  Date  /  /  SERVICE ONE Member No.\*

### SIGNATORY/TREASURER OR EQUIVALENT

Given names (including middle names)  Surname

Home address (no PO boxes)  Suburb  State  Postcode

Postal address (if different from above)  Suburb  State  Postcode

Signature  Date  /  /  SERVICE ONE Member No.\*

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## MEMBERS' MEETING NOTIFICATIONS

You can elect to receive notice under subsection 249J(1) of the Corporations Act 2001 of meetings of Members of SERVICE ONE Mutual Limited.

Attendance at the Annual General Meeting, and other meetings of Members, of SERVICE ONE Mutual Limited enables the Members:

- to participate in the governance of the body corporate
- to ask questions about, and comment on, the management of SERVICE ONE Mutual Limited, its financial standing and performance
- to ask the auditor of SERVICE ONE Mutual Limited questions about the conduct of the audit of SERVICE ONE Mutual Limited and the preparation and content of the auditor's report, and
- to vote on any proposal to amend the constitution of SERVICE ONE Mutual Limited or on any other matter in relation to the management of SERVICE ONE Mutual Limited.

SERVICE ONE Mutual Limited must also inform you that:

- notice of meetings informs Members about matters in relation to which they may wish to attend a meeting
- as a Member of SERVICE ONE Mutual Limited, who is entitled to attend and cast a vote at a meeting, you may appoint a proxy to attend and vote on your behalf at the meeting
- if you do not elect to receive a notice, SERVICE ONE Mutual Limited is not required to give you notice of its meetings, and
- despite that you may elect not to receive notice of its meetings, you may at any time request SERVICE ONE Mutual Limited to give you personal notice of the meetings.

If SERVICE ONE Mutual Limited has **not** received your election within 21 days of this Notice being given, it will be taken that you have not made the election to receive notices.

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## NOTICE OF ELECTION TO RECEIVE REPORTS

SERVICE ONE Mutual Limited is not required to send copies to a Member of the Reports mentioned in paragraphs 314 (1) (a) and (b) of the Corporations Act 2001 (the Reports) if the Member does not elect to receive the Reports pursuant to this notice.

For a financial year, the Reports comprise:

- the Financial Report
- the Directors' Report
- the Auditor's Report on the Financial Report, and
- the Concise Report (if one is produced).

The Reports set out information about:

- the financial position and performance of SERVICE ONE Mutual Limited
- the efficiency with which SERVICE ONE Mutual Limited is being managed, and
- the financial risks to which SERVICE ONE Mutual Limited is exposed.

SERVICE ONE Mutual Limited must also inform you that:

- if you do not elect to receive the Reports, SERVICE ONE Mutual Limited is not required to send copies of the Reports to you, and
- despite that you may elect not to receive the Reports, or not making an election, you may at any time elect to receive the Reports.

You will be taken to have **not** elected to receive the Reports if SERVICE ONE Mutual Limited has not received the election within 21 days of this Notice being given.

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## DIRECT MARKETING, MEMBER MEETING NOTICE AND ISSUING OF REPORTS PREFERENCES

I would like to opt in to the following communication preferences:

Marketing (this includes product and service information, competitions, invitations to Member events, corporate social responsibility news and other direct marketing material).

Member meetings/reports (this includes AGM and other Member meeting notifications, SERVICE ONE Mutual Limited's Annual Report and information on how to vote for Board elections (when relevant)).

NOTE: because the Member magazine contains important corporate information and updates on accounts and current services, these will be sent when published with statements even if you opt out of marketing communication.

	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
DIRECT MARKETING	<input type="checkbox"/>	<input type="checkbox"/>		
NOTIFICATION OF MEMBER MEETINGS AND REPORTS	<input type="checkbox"/>	<input type="checkbox"/>		

*Please note if no preferences are selected, the default options will apply and that is Y to direct marketing and N to notification of Member meetings and reports.*

## PRIVACY, ANTI MONEY LAUNDERING AND COUNTER TERRORIST FINANCING

The types of information SERVICE ONE Mutual Limited collects from or on its Members and holds are determined by the shared business needs of our Members and SERVICE ONE Mutual Limited and/or required by legislation such as the Corporations Act 2001, the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and taxation laws. You can view our Privacy Policy on our website at [serviceone.com.au](http://serviceone.com.au) or ask our staff to provide you with a copy. Among other things, the Policy sets out in details why and how we collect certain Member information, the circumstances in which we may disclose it, how we secure that information and your rights to access and correct your information and make a complaint if you consider we have breached our own Policy.

By making this application:

1. You acknowledge that you have read and accepted our Privacy Policy or will obtain a copy of our Privacy Policy and contact us within two (2) weeks if you do not accept it.
2. You agree that we may need to collect additional information from you to enable us to comply with anti-money laundering and counter-terrorism financing and other laws.
3. You acknowledge that we may refuse to provide you with a designated service if after our independent investigation we consider that you are not the person you claim you are.
4. You acknowledge that we are required by law to monitor transactions on accounts you may open (including loan accounts) you hold with us and that we may be required by law to disclose certain matters to AUSTRAC in compliance with anti-money laundering and counter-terrorism financing laws.
5. You acknowledge that we may be prohibited by law from effecting some Internet banking transactions to some overseas jurisdictions and/or involving certain persons.
6. You acknowledge that your transactions could be delayed, blocked or your accounts frozen if we believe on reasonable grounds that complying with your request may be in breach of the law.
7. Notwithstanding anything else in this statement, you may, at any time, advise us that you do not wish to receive any direct marketing communication. You may do this via letter, email, fax as indicated below or in person at any Branch of SERVICE ONE.

Address: Locked Bag 1 DEAKIN ACT 2600  
Email: [members@serviceone.com.au](mailto:members@serviceone.com.au)  
Fax: (02) 6215 7171

See our full Privacy Policy on our website at [serviceone.com.au](http://serviceone.com.au).

## HOW DID YOU HEAR ABOUT US?

Please take a moment to let us know how you heard about us.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Television             | <input type="checkbox"/> SERVICE ONE website | <input type="checkbox"/> White/Yellow Pages       | <input type="checkbox"/> Word of mouth       |
| <input type="checkbox"/> Radio                  | <input type="checkbox"/> Third party website | <input type="checkbox"/> Community/sporting event | <input type="checkbox"/> Walking past Branch |
| <input type="checkbox"/> Other - please specify | <input type="text"/>                         |   |  |

## WHAT INFLUENCED YOU TO JOIN SERVICE ONE?

Please take a moment to let us know what influenced you to join SERVICE ONE.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Loan rate              | <input type="checkbox"/> Recommended by employer | <input type="checkbox"/> Dissatisfied with banks | <input type="checkbox"/> Term deposit rate |
| <input type="checkbox"/> Student loan           | <input type="checkbox"/> Insurance               | <input type="checkbox"/> Universities network    | <input type="checkbox"/> Hospitals network |
| <input type="checkbox"/> Other - please specify | <input type="text"/>                             |  |  |

## DECLARATION AND SIGNATURE

The Co-operative hereby applies for a share in SERVICE ONE Mutual Limited to become a Member. The Co-operative understands that on becoming a Member it is bound by SERVICE ONE's Constitution as governed by the Corporations Act 2001 and as altered from time-to-time. The Co-operative submits with this application the full subscription price for a share in SERVICE ONE Mutual Limited and acknowledges that SERVICE ONE may charge the credit balance in associated deposit accounts for any debt owed by the Co-operative to SERVICE ONE. The listed signatories to this membership acknowledge they have consent of the Co-operative to open this membership. The required documents as specified are attached to this application.

The details provided on this form are true and correct as at the date of signing. All documents provided to verify Co-operative information are true and correct as at the date of signing. The signatories acknowledge SERVICE ONE will use this information to establish membership with SERVICE ONE Mutual Limited as well as determine eligibility and access to any banking products and services available through SERVICE ONE Alliance Bank.

## OFFICE USE ONLY (SERVICE ONE staff will complete this section)

(OFFICE USE ONLY) Please provide details of the documents viewed including document name, date of document, expiry date, document number, original or certified and any other relevant information.

<input type="text"/>
<input type="text"/>

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> TFN/EXEMPTION LOADED | <input type="checkbox"/> ABN FORM COMPLETED | <input type="checkbox"/> SIGNATURES PROVIDED | <input type="checkbox"/> IDs LOADED                     |
| <input type="checkbox"/> SIGNATURES PROVIDED  | <input type="checkbox"/> ACCESS ID          | <input type="checkbox"/> FORMS PROVIDED      | <input type="checkbox"/> ACCOUNT/FACILITIES ESTABLISHED |

MEMBER NUMBER

NAME OF CHECKING OFFICER

# APPLICATION FOR BANKING PRODUCTS & SERVICES

## ELINK/PHONELINK ACCESS REQUEST

I request access to phoneLink/eLink (including the BPAY facility) and ask for an initial Access Code to be established, which I will change to a new Access Code of my choice within 24 hours of receiving the initial Access Code.

eLink Internet banking, phoneLink phone banking and BPAY Terms and Conditions are available on SERVICE ONE's website at [serviceone.com.au](http://serviceone.com.au). I understand in order to use these services, I will need to read and accept these Terms and Conditions. I am aware of the risks associated with these services.

## ACCESS REQUIREMENTS

Please tick if you require:  REDICARD  VISA DEBIT CARD\*  CHEQUE BOOK\*

Terms and Conditions apply for the above products.

\*A separate application form must be completed for these products and the application is subject to assessment.

## ACCOUNT OPTIONS

Please tick the account(s) you wish to open.

- |  |  |
|--|--|
| <input type="checkbox"/> DAY TO DAY ACCOUNT        | <input type="checkbox"/> SAVINGS INVESTMENT ACCOUNT  |
| <input type="checkbox"/> FREESTYLE STUDENT ACCOUNT | <input type="checkbox"/> SENIOR SAVER ACCOUNT        |
| <input type="checkbox"/> CHRISTMAS CLUB ACCOUNT    | <input type="checkbox"/> FIXED TERM DEPOSIT ACCOUNT* |
| <input type="checkbox"/> MONEY MANAGEMENT ACCOUNT  |  |

Terms and Conditions apply to all of the listed SERVICE ONE Alliance Bank products and services in this application form. For joint accounts, please fill in separate membership applications. \*A separate application form must be completed for a fixed term deposit account.

## STATEMENT FREQUENCY

- MONTHLY  SIX MONTHLY

## STATEMENT DELIVERY

- ELECTRONIC  PAPER-BASED

## DECLARATION AND SIGNATURE

I hereby apply for the above SERVICE ONE Alliance Bank products and services and acknowledge that I have received the Financial Services Guide, Operation of Accounts and Access Facilities and Schedule of Fees and Charges booklets (and other terms and conditions) for the services relevant to me. I have reviewed this content and agree to be bound by it.

Signature (Primary contact person)

Print Name

Date / /