



Before we can open an account, we are legally required to verify your identity if you are not an existing Members Equity Bank customer. We may do this electronically using reliable and independent data sources. We will contact you to request identification documents if we cannot verify your identity electronically.

For more information about the eligibility conditions for First Home Saver Accounts (FHSA) visit www.membersequitybank.com.au

To apply for a Members Equity Bank First Home Saver Account:

- please complete sections 1, 2, 3 and 4
- if you wish to transfer your existing First Home Saver Account from your current provider to Members Equity Bank, please also complete sections 5 and 6 (we will be unable to transfer your account without this information).

Section 1 - Personal details

Are you an existing Members Equity Bank customer?

No Yes Account number

Title (Mr/Mrs/Miss/Ms/other) Surname (You must provide your full name) Given name(s) (You must provide your full name)

Residential address State Postcode

Postal address (write AS ABOVE if same as residential address) State Postcode

Home phone () Work phone () Mobile

Password (5 - 9 characters*) Date of birth Gender (M or F) Mother's maiden name

**New Members Equity Bank customers - please nominate a password which we will request for identification purposes when you contact us*

Are you a member of a super fund/union Yes No

If yes, name of super fund/union

Section 2 - Tax file number (TFN)

TFN

Tax file number note:

Under the First Home Saver Accounts Act 2008, we are authorised to collect your tax file number and other information about your FHSA. Although you are not obliged to provide your tax file number, we can not open an FHSA for you without it. We can only use your tax file number for lawful purposes. We are authorised to, and will, disclose your tax file number and other information to the Commissioner of Taxation. If you later transfer the balance of your account to a superannuation fund or to another provider, your tax file number must also be disclosed to that fund or provider.

WARNING: You won't be able to open an account if you don't provide your tax file number

Section 3 - Declaration

Make sure you satisfy all the criteria and then sign the declaration

I declare that:

- I have read and understand the eligibility conditions for FHSA and that I am eligible to open an FHSA.
- I have never owned or jointly owned a dwelling that has been my main residence in Australia and Norfolk Island, and one of the following applies:
 - I have never held another FHSA or
 - I currently have an FHSA but I want the balance of my existing FHSA transferred to the new FHSA I am now opening. (If so, complete the transfer authority.)
 - I have held an FHSA which was closed for one of the following reasons:
 - The purchase of the dwelling that was to become my main residence did not eventuate and I am opening this new FHSA within six months of closing the previous FHSA.
 - I closed the FHSA within the cooling-off period and I am now opening this new FHSA.
 - The previous FHSA was closed after:
 - I exercised the right to return the FHSA due to an unsolicited offer or defective product disclosure statement.
 - The balance of the FHSA was paid out to the Australian Securities and Investment Commission as unclaimed money.

WARNING: If you make a false or misleading statement, there are significant penalties, and you may be prosecuted

Full name Signature Date

