

# 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 Direct  Bill Paying account

## Nominate your Edvest membership to an account

Please tick one:  Own account in my name  Member no.

Another account in joint names where I am the first named member  Member no.


## Acknowledgement and authority


By signing below, I request that Teachers Mutual Bank Limited ABN 30 087 650 459 AFSL/Australian Credit Licence 238981 ("the Bank") provides to me the Bank's Edvest program and associated benefits ("the Edvest Program"). I acknowledge that the benefits of the Edvest Program are set out on the Bank's website. I further agree and acknowledge that:


- ▶ I agree to pay a non-refundable annual membership fee as advised by the Bank, or outlined in the Bank's Fees and Charges brochure. I understand that if I do not pay the applicable annual membership fees, my entitlement to benefits under the Edvest Program will cease.
- ▶ I authorise the Bank to deduct my annual non-refundable Edvest membership fee from the above account in January each year until I withdraw this authority. I will ensure I have the necessary funds in this account.
- ▶ I understand that Edvest benefits do not extend to Business or Corporate accounts.
- ▶ I hold an existing Cash Management account and authorise the Bank to transfer the balance to an Edvest Cash Management account.
- ▶ I hold an existing Member Term Deposit and will advise if I wish it to be reinvested as an Edvest term Deposit on its maturity.
- ▶ If medically retired, I understand I may be asked for supporting documentation
- ▶ I agree and acknowledge that the Bank may terminate the Edvest program and associated benefits at any time upon giving 30 days' written notice to me. In such an event fees would be refunded on a pro-rata basis.

Signature  Date

## Returning this form

 Teachers Mutual Bank Limited  
Reply Paid 7501, Silverwater NSW 2128

 (02) 8887 7600

 mso@tmbl.com.au

Office use only

Member no

Operator no

Date actioned

Sig verified by