



Any questions? Phone us on 13 15 63
between 8am and 8pm Monday to Friday or on Saturday between 9am and 5pm (Melbourne Time)
Mail to: Members Equity Bank, Card Services, Reply Paid 1345, Melbourne Victoria 8060
Fax to: (03) 9605 6604 membersequitybank.com.au

To apply you must:		Are you a Members Equity Bank customer?	
Be at least 18 years of age	<input type="checkbox"/> Yes	Earn at least \$25,000 p.a.	<input type="checkbox"/> Yes
Be an Australian permanent resident	<input type="checkbox"/> Yes	Have a good credit rating	<input type="checkbox"/> Yes
		Existing Members Equity Bank customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, an account number	<input type="text"/>

Section 1 - Your personal details

Title Mr/Mrs/Miss/Ms/other: First name: Middle name:

Surname: Date of birth: / / Number of dependants: (If none put zero) Your name as it will appear on card (max 21 characters):

How did you hear about the Members Equity MasterCard? Which Super Fund/Union do you belong to?

Residential address Please note: P.O. Box addresses are not acceptable: State Postcode Time at this address years: months:

Residential status (Please tick one): Own Home Mortgage Renting Boarding With Parents Other

Previous residential address if at current address for less than two years: State Postcode Time at this address years: months:

Home phone number: Work phone number: Mobile phone number: Driver's licence number:

Email address: Mother's maiden name: Password (5-9 characters):*

*Only for new Members Equity Bank customers

Details of relative or friend not living with you (must live in Australia)

Surname: First name: Phone number: (not a mobile number)

Address: State Postcode Relationship:

Section 2 - Your work details

Current employment status (Please tick one): Full time Part time Retired Self-employed
 Casual Home duties Student Unemployed

Time at current employer: years months Occupation:

Employer's details/Accountant's details if self-employed or retired Retired/self-employed applicants please note that we will contact your accountant to verify your income. Please inform them that you have put in this application

Company name: Company phone number:

Address: State Postcode

Previous occupation details if time in current employment is less than two years

Previous employment status (Please tick one): Full time Part time Retired Self-employed
 Casual Home duties Student Unemployed

Time at current employer: years months Occupation:

Section 3 - Your income

Salary from employer (PAYG)	\$ <input type="text"/>	Proof Attached: <input type="checkbox"/> Yes e.g. Last payslip N/A Please inform your accountant that we will contact them for confirmation <input type="checkbox"/> Yes e.g. A copy of rental income statement <input type="checkbox"/> Yes Please specify <input type="text"/>
Self-employed income	\$ <input type="text"/>	
Rental income	\$ <input type="text"/>	
Other income	\$ <input type="text"/>	
Total income	\$ <input type="text"/>	

Section 4 - Your finances

Value of Assets:	Your Share of Outstanding Balances: (If held jointly, your share of debt only)	Your Share of Monthly Repayments: (If shared, your portion only)
Total value of home \$ <input type="text"/>	Home Loan Only \$ <input type="text"/>	Home Loan Repayments \$ <input type="text"/>
Total value of other assets \$ <input type="text"/>	Personal/Other Loans Only \$ <input type="text"/>	Personal/Other Loan Repayments \$ <input type="text"/>
Your share of monthly expenses (including rent, living expenses, insurance and education. Do not include loan repayments here):		\$ <input type="text"/>

Credit/Store Cards in your name at time of this application:

No. of cards <input type="text"/>	Total of card limits \$ <input type="text"/>	Total outstanding \$ <input type="text"/>	Monthly repayments \$ <input type="text"/>
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Section 5 - Transfer a Balance from another credit card

Please transfer \$ to my new Members Equity MasterCard from the following account:

Card account name: Card number:

Card Issuer: Please include a copy of your most recent statement.

Section 6 - Free additional card (Additional cardholder must be at least 16 years of age)

Title Mr/Mrs/Miss/Ms/other: <input type="text"/>	First name: <input type="text"/>	Middle name: <input type="text"/>
Surname <input type="text"/>	Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Name as it will appear on card (max 21 characters): <input type="text"/>
Password (5-9 characters):* <input type="text"/>	Home phone number: <input type="text"/>	

*Only for new Members Equity Bank customers

Declaration

By signing below, I declare that:

- I wish to apply for a Members Equity MasterCard.
- The information in this application is true and complete and I authorise Members Equity Bank to verify this information (this includes contacting my employer to verify my income).
- I have informed the relative/friend nominated in section 1 that I have provided their personal details to Members Equity Bank.
- I agree to comply with the Members Equity MasterCard Conditions of Use and the Members Equity Electronic Access Terms and Conditions.
- If I have applied for a balance transfer, I agree to the Conditions of Balance Transfer set out below.
- My personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice below.
- Members Equity Bank may use and disclose my personal information to help Members Equity Bank and any of its subsidiaries or associated companies to provide or tell me about other products and services which may be of interest to me.

If you do not want Members Equity Bank or its subsidiaries or associated companies to use the personal information contained in this application form to provide such information to you, simply contact Members Equity Bank during normal business hours on 1300 654 998 or insert a cross in this box

Conditions of Balance Transfer

- Delays in processing your balance transfer may occur. You must continue to make payments on your other credit card until you receive a statement for that card which confirms that the account has been credited.
- Members Equity Bank will not close your other credit card account. If you wish to close your other account you will need to arrange this with the other financial institution.
- Members Equity Bank is not responsible for any overdue payment or interest incurred on your other credit card account.
- Members Equity Bank reserves the right to refuse your application for balance transfer (e.g. if your account is overdue or over limit amongst other things).
- There is no interest free period for balance transfers. Interest is charged daily from the date of transfer.

Privacy Notice

I understand that Members Equity Bank is collecting my personal information in order to assess my application and, if my application is approved, to establish and administer my account. Without this information, Members Equity Bank may not be able to consider or approve my application. I understand Members Equity Bank also uses information about my super fund/union membership for the purposes of assisting Members Equity Bank to provide benefits for members of participating super funds and unions. I agree that where permitted by the Privacy Act Members Equity Bank may:

- Obtain consumer credit information (including a consumer credit report from a credit reporting agency) about me to assess this credit application.
- Exchange information about me with any credit provider named in this application or named in a credit report provided by a credit reporting agency. This may include information about my credit worthiness, credit standing, credit history or credit capacity.
- Give personal and credit information about me to a credit reporting agency (including the fact that I have applied for credit and the amount and the fact that Members Equity Bank is a current credit provider to me).

I understand that I may request access to my personal information held by Members Equity Bank and ask for it to be corrected if it is inaccurate. To do this I should phone 1300 654 998 during normal business hours or write to the Privacy Officer, Members Equity Bank, GPO Box 1345, Melbourne Victoria 3001.

Please sign here

I have enclosed proof of all income listed in section 3 and completed all other sections of this application.

By signing below I acknowledge that I have read and agreed to the Declaration above.

Primary cardholder name:

Signature:

Date:

 / /

Additional cardholder name:

Signature:

Date:

 / /