

A. Member DetailsMember Number Full Name/s **B. Contact Details**Residential Address State Postcode Postal Address State Postcode

(if different from above)

Email Address Telephone: Home Work Mobile **C. Funds Transfer****The balance of my accounts are to be:** Electronically transferred to another financial institution Bank Name BSB Account Name Account Number Transferred to Bank First account number and account type In the name of: **D. Declaration**

I/ We certify the details on this form to be true and correct and apply to close my/our Membership in accordance with all Terms and Conditions. I also understand that my account(s) will not be closed until all transactions have been received, salary dedications have ceased and Term Deposits have matured. I will organise for all Regular Authorised Payments, Direct Debits (e.g. Insurance) or credits to be redirected.

Signature Date Signature Date Signature Date Signature Date

Refer to the Financial Services Guide (FSG) and Terms and Conditions brochures available at our branches, on our website bankfirst.com.au or by contacting us on **1300 654 822**. These documents should be considered before acquiring a product.