

Close Transaction and savings account(s) request

What are your personal details?

First account holder

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Last name	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

Second account holder (joint accounts only)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Last name	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

Which account(s) do you wish to close?

<input type="checkbox"/> Everyday Direct	<input type="checkbox"/> Mighty Saver	<input type="checkbox"/> Target Saver	<input type="checkbox"/> Pension Advantage
<input type="checkbox"/> Cash Management	<input type="checkbox"/> Bill Paying	<input type="checkbox"/> Reward Saver	<input type="checkbox"/> Essential Saver
<input type="checkbox"/> Edvest Cash Management	<input type="checkbox"/> Online Savings	<input type="checkbox"/> Summer Stash	<input type="checkbox"/> Other <input type="text"/>

I acknowledge that any access facilities such as cards or offset will be cancelled. If you have a RediCredit facility, this will also be closed.

How would you like the funds dispersed?

Balances of this account are to be:

<input type="checkbox"/> Transferred to a Teachers Mutual Bank Limited account:	Account name <input type="text"/>	Member no. <input type="text"/>	Account type (e.g. S1) <input type="text"/>
<input type="checkbox"/> Transferred by electronic funds transfer	Account name <input type="text"/>		
Name & address of financial institution <input type="text"/>			
BSB <input type="text"/>	Account No <input type="text"/>		

Warning: You must ensure that you have provided us with the correct account details. The Bank does not check that the beneficiary name matches with the account details you have provided. If you provide an incorrect BSB or account number, it may not be possible to recover moneys from an unintended recipient.

Please sign below

For details on account conditions and fees and charges, refer to the *Conditions of Use – Accounts and Access* and *Fees and charges* brochures on our website.

First account holder



Signature <input type="text"/>	Date <input type="text"/>
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Second account holder

Signature <input type="text"/>	Date <input type="text"/>
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Office use only	Member no <input type="text"/>
	Operator no <input type="text"/>
	Date actioned <input type="text"/>
	Sig verified by <input type="text"/>

Returning this form

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	mso@tmbl.com.au