

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.

Take advantage of your Edvest membership

Fill in your insurance details below and we will contact you with a discounted insurance quote and more information closer to your next renewal date.

Motor vehicle	Home	Contents
Renewal date <input type="text"/>	Renewal date <input type="text"/>	Renewal date <input type="text"/>
Current insurer <input type="text"/>	Current insurer <input type="text"/>	Current insurer <input type="text"/>

Please send me more information (including application forms) on:

RediCredit Edvest Term Deposit Edvest Cash Management account Security Packet

Please contact me regarding the following products:

Ezicover Life Insurance and Income Protection

Other (please specify)

Please sign below in black pen only



- ▶ I authorise you 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.
- ▶ Refer to the Fees and charges brochure for details on fees and charges.
- ▶ I understand benefits cease when my fees are unpaid.
- ▶ I understand that Edvest benefits do not extend to Business or Corporate accounts.
- ▶ I hold an existing Cash Management account and authorise you 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

We reserve the right to terminate the Edvest program and associated benefits at any time. In such an event fees would be refunded on a pro-rata basis.

Signature Date

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
	(02) 8887 7600
	mso@tmbl.com.au