

ADIG - Account Signatory Details

Member No.

for an account in the name of:

Title:

Surname:

Given Names:

Preferred Name:

Date of Birth:

Residential Address:

Postal Address:

Email Address:

Home Telephone:

Work Telephone:

Fax:

Mobile:

Preferred contact method (Please number in order of preference):

Home

Work

Mobile

Email

Tax File Number:

Parish:

Password for
telephone contact
with ADIG:

Signature:

Date:

ADIG - New Account Application

I/We hereby tender the sum of \$ _____
as a loan to the Armidale Diocesan Investment Group in accordance with the terms of
the Group.

Full Account Name:

THIS ACCOUNT WILL BE HELD AS:

- Individual Joint
 Superannuation Fund Company Other _____

TFN: _____ TFN: _____ ABN: _____

Savings Accounts:

- Savings Investment Account Premium Saver Christmas Club

Fixed Term Deposits:

- 3 Months 6 Months 12 Months
 18 Months 24 Months Other

Monthly Interest Accounts:

- Savings Investment 12 Months term 24 Months term

INTEREST INSTRUCTIONS:

- Reinvested with ADIG Account _____ Paid by cheque to me
 Credit to BSB _____ - _____ A/c No. _____ Bank _____ Branch _____

ADIG Online access required *Please ASK US for an ADIG Online Registration Form*

I wish to make telephone transfers between accounts under this member number

I wish to use this savings account for electronic credits or debits

I require an encoded deposit book for use with this savings account

SIGNING AUTHORITY:

Any one to sign Any two to sign Other

Signature:

Name: _____ (Position held) _____

Signature:

Name: _____ (Position held) _____

Signature:

Name: _____ (Position held) _____

Signature:

Name: _____ (Position held) _____

Note: Each signatory will be required to complete an Account Signatory Details Form, and provide identification.