

Term deposit alteration on maturity

What are your personal details?

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"/>						Surname	<input type="text"/>
Street no. & name								
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)								
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 address						Date of birth		<input type="text"/>

What are your term deposit details?

Deposit no	<input type="text"/>	Amount \$	<input type="text"/>	Maturity date	<input type="text"/>
------------	----------------------	-----------	----------------------	---------------	----------------------

What alteration do you need?

I/We wish to alter the term deposit on the maturity date in the following way (please tick one):

- Transfer principal to account held with the Bank.
- Transfer interest to account held with the Bank.
- Transfer principal and interest to account held with the Bank.
- Transfer interest to my external account as stated below.
- Transfer principal and interest to my external account as stated below.

BSB	<input type="text"/>	Account no.	<input type="text"/>	Bank name	<input type="text"/>
Account name					

- Other, please state your instructions

.....

.....

.....

Please sign below in black pen only

- ▶ I/We understand and accept that interest penalties apply for breaking my term deposit prior to maturity.
- ▶ I/We acknowledge that we have received, read, and understood the Conditions of use - Accounts and access document.
- ▶ Refer to the Fees and charges brochure for details on fees and charges.

First account holder



Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

Second account holder (if applicable)

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

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

	UniBank, Reply Paid 3200, Broadway Nedlands, WA, 6009
	(08) 9389 8407