

Membership Mandate

The Village Mall 5 Britannia Street Petone PO Box 33097 Petone Lower Hutt 5046 Freephone: 0508 613 328 Freefax: 0508 568 233

Email: nzfcu@firefighters.co.nz www.firefighters.co.nz

I wish to join the NZ Firefighters Credit Union (Credit Union) and agree to conform to its Rules and amendments thereof and subscribe for at least one share

Applicant's p	personal det	ails											
Date of Title Birth						Marital Status							
Surname						First	t names						
Residential						Postal address if different							
address													
						Emo	nil						
Email Work						Hon	ne _						
Contact Number						Mobile Phone							
Number						FIIO	_						
Taxation, Cit	tizenship an	d Residen	cy										
IRD Number					Tax Rate		10.5%		17.5%		30.0%	33.0%	
Country of Citizenship							Are you country	a citizen of ?	another		Yes	No	
If yes - Please I countries of cit	izenship												
Are you a tax re another countr	YPS IT VPS (OI			Country			Tax Number						
		No		Country					Tax Nu	umber			
Family	I am related to a Union member	a Credit	Nan	ne			number a	nd watch Address					
AccessDebit	Mastercard			astercard ^e	® and agree	to th	e Terms	and Cond	itions ove	rleaf.			
Electronic Bo	anking - Pleas	se register n	ne for Intern	et Bankin	g and Mobil	le Ban	king						
✓	I understand that by signing this Mandate I, as the primary account holder (above) will be registered for Electronic Banking and when I choose to activate these services I will abide by the Terms and Conditions. These Terms and Conditions can be accessed at www.firefighters.co.nz.												
	I will not disclo	se my passwo	rd or PIN (Pers	onal Identif	ication Numbe	er) to a	ny other p	arty.					
Signing Auth								detailed ov	erleaf and	the Gene	ral Terms a	nd Conditions of the	
	e provided eled	ctronic imag	es for ident	ity verifico	aton as deta	iiled ii	n the "Id	entificatio	on Guide"				
or I incl	ude copies of t	he required	certified ide	entification	n document	s as d	etailed ii	n the "Ide	ntification	n Guide"			
I confirm that t	his authority is	validly exe	cuted and b	inding on	me								
Signature										Date			
									_1				

Once completed please print, sign and return to the New Zealand Firefighters Credit Union, via email to nzfcu@firefighters.co.nz or by mail to New Zealand Firefighters Credit Union, PO Box 33097, Petone, Lower Hutt 5046.

Names of two contacts not living with you

	First		
Title	name	 Surname	
		Telephone numbers	
Address		 numbers	
	First		
Title	name	 Surname	
		Telephone	
Address		 Telephone numbers	

AccessDebit Mastercard® Terms and Conditions

- 1. I hereby apply for an AccessDebit Mastercard® and a PIN (Personal Identification Number) to be issued to me to enable me to access my Credit
 Union accounts at authorised electronic banking terminals such as Automated Teller Machines (ATMs) and Point of Sale terminals (EFTPOS).
- 2. I confirm that I will read, understand and agree to abide by the Credit Union's Cardholder Terms and Conditions of Use governing the use of the AccessDebit Mastercard® at the time of issue and as amended from time to time.
- 3. I confirm that I will read, understand and agree to abide by the Credit Union's Fees and Charges applicable for the issue and use of the AccessDebit Mastercard® as per the Credit Union website, www.firefighters.co.nz.
- 4. I acknowledge that my signature on this application form signifies my unconditional acceptance of the above details and undertaking provided herein.
- 5. I understand that my application is subject to confirmation and acceptance.
- 6. Should my accounts become overdrawn without prior approval from the Credit Union due to the use of my AccessDebit Mastercard®, I acknowledge that all shares and deposits held with the Credit Union in my name may be utilised (set off) towards payment of any debt incurred through my use of the AccessDebit Mastercard®.

Terms and Conditions:

Membership - Membership of the New Zealand Firefighters Credit Union, (Credit Union) shall be open to persons being employees of the Fire and Emergency New Zealand, associate members, including any such person aged 16 years or younger.

A member may withdraw from the Credit Union at any time, but 60 days' notice of withdrawal may be required. All amounts paid in on shares of any kind together with any interest credited thereto to the date thereof shall be paid to such withdrawing members as their funds become available and only after deducting therefrom any amounts due from such member to the Credit Union.

Accuracy of information - The Credit Union does not accept any responsibility or liability for the accuracy of the information given by you, or anyone acting on your behalf (other than us), in any instruction. You will be solely responsible for ensuring such information, including other parties' bank account numbers, is accurate.

Instructions to the Credit Union - You agree that the Credit Union may, at its sole discretion, accept instructions from you or people authorised to operate your account(s) by post, telephone, facsimile, email, text, electronic banking service or any other means in the course of our relationship, and you authorise the Credit Union to act on any such instructions.

You also authorise the Credit Union to carry out any transactions initiated by any means using your PIN (e.g. at an automatic teller machine), any of your Security Details, or by any other means agreed with you. The Credit Union may not take any further steps to verify such instructions or transactions. This authority applies regardless of any operating authorities that exist for an account and may not be withdrawn.

The Credit Union will exercise reasonable care and skill to ensure transactions are made as instructed. It is your responsibility to ensure there is enough money in your account at all times to ensure such transactions can be made.

You agree to maintain appropriate internal controls to ensure that unauthorised, forged or fraudulent instructions are not given to the Credit Union.

Set-Off -The Credit Union may at any time without notice, set-off, combine or apply any other credit balance of the member to meet the member's obligations to the Credit Union.

Liability - To the extent permitted by law you indemnify the Credit Union against all liability incurred by the Credit Union resulting from the Credit Union acting or omitting to act in accordance with a telephone or electronically generated instruction or any other instruction to the Credit Union regarding your account(s).

Information - You have the right to access the information held by the Credit Union and to correct any information that is wrong.

Disclosure of Information – You authorise the Credit Union to disclose information to selected third parties, where we are required by or authorised under the law to do so.

Complaints - You can send your complaint to the New Zealand Firefighters Credit Union via mail to New Zealand Firefighters Credit Union, PO Box 33097, Petone, Lower Hutt 5046, or phone 0508 613 328 or fax 0508 568 233 or email nzfcu@firefighters.co.nz.

If you are still unhappy you can contact our independent dispute resolution provider Financial Services Complaints Limited (FSCL). This service is free to you. FSCL contact details are Financial Services Complaints Limited, PO Box 5967, Lambton Quay, Wellington 6145 or phone 0800 347 257 or fax 04 472 3728 or email info@fscl.org.nz or via their website www.fscl.org.nz.

Electronic Identity Verification:

By supplying us with your Driver's Licence and Proof of Address, you consent to us verifying your identity electronically against external data sources. We do this by providing your details securely to a third party which specialises in electronic identity verification. Your details will not be forwarded to any other third parties or used for any other purpose.