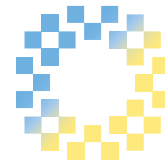


Term Deposit Application

Thank you for choosing Dnister. For help, call 1800 353 041 or +61 3 9377 1100 (overseas), visit dnister.com.au or email admin@dnister.com.au. Mon to Thurs 9.00am – 5.30pm AEST, Friday 9.30am – 4.00pm AEST.



Dnister Bank

A. Applicant Details

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Number	Account Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Number (Preferred)	Alternate Phone Number (Optional)	
<input type="text"/>	<input type="text"/>	
Address		Postcode
<input type="text"/>		<input type="text"/>

B. Term Deposit Details

Term of Investment _____ Amount \$ _____ Interest Rate _____ % p.a.

C. Interest Instructions

Interest Frequency	At maturity Monthly
Interest Payment	Re-invest (capitalise) Transfer to Dnister account Account No. _____ Other _____

D. Account Operation

Either may sign Both must sign At least _____ must sign

E. Important Information and Terms

Early redemption may incur a fee or reduction in interest, in accordance with Dnister Bank's Terms and Conditions.
Interest rates, payment frequency and maturity conditions apply as agreed at the time of investment.
Fees and charges may apply in accordance with Dnister Bank's Fees and Charges.

F. Tax File Number and Exemptions

Do you wish to provide your Tax File Number (TFN) or claim an exemption?

Yes No

You are not required to provide your Tax File Number (TFN). However, if you do not, we are required to withhold tax at the highest marginal rate plus Medicare levy on any interest earned. If you provide your TFN or claim an exemption, it will apply to all accounts under this membership unless you advise us otherwise in writing.

Tax File Number (TFN)

G. Declaration

By signing this form, I confirm that:

- I have read and agree to the relevant Terms and Conditions
- I agree to pay any applicable fees
- The information provided is true and correct

H. Signature

Signature

Signature

Full Name

Date

Full Name

Date

Office Use Only

Member number _____

Processed by _____ Date _____

Verified by _____ Date _____

TFN loaded

AML/CTF ID Check Completed