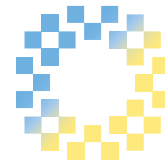


Term Deposit Instructions

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 Deposit Account No. _____ Principal Amount \$ _____ Maturity Date _____

C. Maturity Instructions

At maturity, I would like to:

Re-invest principal and interest
For ____ months

Re-invest principal only
For ____ months

D. Interest Instructions

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

E. Disbursement Instructions

Transfer to Dnister account
Account No. _____

Early withdrawal
Amount \$ _____ Date _____

Other _____

F. Important Information and Terms

Instructions will be applied at maturity.

Changes must be provided prior to maturity.

Early redemption may incur a fee or reduction in interest, in accordance with Dnister Bank's Terms and Conditions.

Fees and charges may apply in accordance with Dnister Bank's Fees and Charges.

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

Signing as Account Owner Signatory

Signature

Full Name

Date

Signing as Account Owner Signatory

Signature

Full Name

Date

Office Use Only

Member number _____

Processed by _____ Date _____

Verified by _____ Date _____

TFN loaded

AML/CTF ID Check Completed