

CARD ACCESS

ACCOUNT OWNERS DETAILS

Title Mr Mrs Ms Miss Dr Other _____ MEMBER NO _____
Given Name(s) _____ Surname _____
Business or Non Personal Entity _____

ADDRESS (For additional cardholders, the card will be sent to the Account Owner)

Unit/Street No _____ Street Name or PO Box _____
Suburb/Town _____ State _____ Postcode _____

CARD TYPE

New Redicard Replacement Redicard Additional Redicard*
 New Visa Debit card Replacement Visa Debit card Additional Visa Debit card*

*ADDITIONAL CARDHOLDER DETAILS

Title Mr Mrs Ms Miss Dr Other _____ MEMBER NO _____
Given Name(s) _____ Surname _____
Signature Additional Cardholder _____

REPLACEMENT CARD REASON

I request a replacement card/additional card and PIN be issued for the following reason:

Change of Signature Card Captured Card Not Received Card Damaged Card Destroyed
 Card Lost/Stolen (please complete section below)

LOST OR STOLEN CARD

Last transaction _____ / _____ / _____ Amount of Transaction \$ _____
Where _____

The card was not signed was signed
The PIN was not with card was with the card
I have not disclosed the PIN to anyone
 disclosed the PIN to the following people

STAFF USE ONLY

Time received _____ am/pm
Hotline informed _____ am/pm
Reference _____

Card Type Redicard
 Visa Debit card

ARE YOU KNOWN BY ANY OTHER NAMES? No Yes - Disclosure Advice Required
 Account Owner Additional Cardholder

ACCOUNT LINKS

For electronic transactions I need the card to be connected to the following accounts:

Account 1 No _____ Full access from EFTPOS and all ATMs - Primary
Account 2 No _____ Access from RediATMs only
Account 3 No _____ Access from RediATMs only

I acknowledge I have received the Card Access Terms and Conditions including Product Disclosure Statement for Accounts, Access Facilities and Non Cash Payment products ('PDS'), General Terms and Conditions and Fees and Charges brochure and agree to be bound by them.

Account Owner Signature _____ Date _____ / _____ / _____

STAFF USE ONLY

Branch No _____ Operator No _____ Customer Identification Procedure Completed
 Disclosure of different name(s) advice completed Signature Check Confirmation sent _____ / _____ / _____
New Card No
Ordered by - Operator No _____ Date _____ / _____ / _____



CARD ACCESS TERMS AND CONDITIONS

TO BE RETAINED BY THE MEMBER

1. I/We request QTMB to supply a card/additional card ('Card') and Personal Identification Number (PIN) to the person listed as account holder, or any additional cardholder that I have specified on the Card Access form, ('Cardholder').
2. I/We acknowledge the Cardholder will have access to my savings accounts until I cancel the Card and return it to QTMB.
3. An additional Cardholder cannot redeem or change the terms of any Term Deposits in my/our name, alter details of my/our account or receive any information other than basic transaction information necessary to conduct the account.
4. I/We agree the Card and PIN will be mailed to my/our postal address. I/We will acknowledge receipt to QTMB who will then activate the Card.
5. I/We acknowledge and agree to be bound by the Conditions of Use for the Card as well as the Product Disclosure Statement for Accounts, Access Facilities and Non Cash Payment Products ('PDS'), the General Terms and Conditions and the Fees and Charges brochure.
6. I/We acknowledge that the current daily withdrawal limit is \$1,000 per Card and that this limit is subject to change.
7. In requesting a replacement Card, if I/we have not surrendered the original Card (as indicated on the Card Access Form), I/we understand that the original Card will be treated as lost/stolen on acknowledgement of receipt of the replacement Card.
8. I/We confirm that the information supplied is correct, and in the case of a lost or stolen Card, I/we authorise you to inform the Police about the Card and provide them with any information they may require.
9. I/We also agree that where I/we have provided QTMB with information about another individual in the Card Access form, I/we will make sure that the individual is aware of:
 - my/our supplying their information to QTMB and the purposes why QTMB has collected the information (for issue of a card);
 - their ability to access that information in accordance with the Privacy Act (and to advise QTMB if they think the information is inaccurate, incomplete or out of date); and
 - the contact details of QTMB's Privacy Officer.
10. I/We consent to the collection and storage of my/our personal information by QTMB.
11. I/We acknowledge QTMB has a Privacy Policy for the collection and use of personal information and that I/we are able to access this policy at a branch of QTMB, on qtm.com.au or by phoning the Contact Centre on 13 29 30 (8.30am to 6.00pm Monday to Friday).
12. I/We acknowledge that I/we are liable for all transactions made by the account owner/additional cardholder and that for Visa Debit cards, I/we acknowledge that all Cardholders are over the age of 18.

