

Application Form Associated Individuals and Organisations



This form may be lodged with CCFS:
by post:

Churches of Christ Financial Services
1st Floor 582 Heidelberg Road
Fairfield Victoria 3078

by email:

info@ccfsaustralia.org.au



Helpful hints for completing this application

- This form is for Associates (ASIC) and Affiliates (APRA) of Churches of Christ. This includes churches and organisations, Ministers, employees, formally appointed volunteers and ministry trainees.
- Signatories on the investment (not already identified) are to complete an Identification and Verification Reference form.
- Please ensure all steps are completed where required.



Need help or have a question?

Call us on 1300 MY CCFS (1300 69 22 37) Visit us at www.ccfsaustralia.org.au or
Email us at info@ccfsaustralia.org.au

Please use BLOCK LETTERS in BLACK OR BLUE PEN ONLY and tick required choices

STEP 1: YOUR DETAILS

Investor Details

Already a CCFS Investor? Please provide your Investor RIM Number and go to STEP 2 or complete the following details

Name of Investor

ABN (if applicable)

TFN (if applicable, otherwise write "Exempt")

Address

State

Postcode

Postal Address (if different from above)

State

Postcode

For Individuals please indicate whether you are:

Minister Employee Formally Appointed Volunteer Ministry Trainee

STEP 1: CONT.

Primary Contact Person's Details

Name

Phone

Email

Position (e.g. Treasurer)

Postal Address

State

Postcode

STEP 2: YOUR PRODUCT SELECTION

Please tick your choice(s) of investment from the following list

Please Note - Important:

If you are opening more than one account with the same signatories, simply duplicate this page for subsequent accounts.

PRODUCTS ONLY AVAILABLE TO ASSOCIATED ORGANISATIONS AND INDIVIDUALS

> Fixed Term Investment

Investment duration:

3 months

6 months

12 months

24 months

Amount

Interest options:

Reinvest interest

Gift to: State Conference

You may wish to have your interest paid to another account.

Please include details below:

New church mission

Leadership development

GMP

A/C Name

BSB

A/C Number

> Online Accumulator

Opening amount

> Easy Access (Transactional Account)

Opening amount

Cheque Format

Cheque Book

A4/Remittance

A deposit book will be ordered and mailed to the nominated address.

> CCFS Online Access Please complete online access authority given in step 5

STEP 2: CONT.

PRODUCTS ONLY AVAILIABLE TO ASSOCIATED ORGANISATIONS

> **MEA (Minister's Expense Account)**

Cheque book required

Yes No

Visa (pre paid)

Yes No

If yes, please complete a separate
Visa Prepaid application.

Minister's given names

Minister's last names

> **Credit Card Merchant Facility** Please contact CCFS office

> **CCFS App** Please contact CCFS office

> **LSL Accumulator Account** Please complete steps 3 through to step 7

> **Offset Account** Please complete steps 3 through to step 7

Please Note: A Daily Limit of \$7000 applies for payments (including cheques) to accounts with external financial institutions. To make a payment greater than \$7000 to an external financial institution please advise the CCFS office on 1300 MY CCFS (1300 69 22 37).

STEP 3: OPTIONAL—NAME YOUR ACCOUNT

If you would like to allocate a specific name to your investment.
Please write that name here e.g. Operating, Mission or Building etc

STEP 4: FUNDING YOUR NEW INVESTMENT

Electronic Transfer to CCFS

Should you wish to make your initial investment via EFT:

BSB: 703-810

Account: 05 300 366

Account name: CCFS

Reference: (Please insert last name)

Amount

Cheque Payment

If you are funding investments by cheque please make the cheque payable to CCFS.

Amount

STEP 5: DETAILS OF AUTHORISED SIGNATORIES FOR INVESTMENT(S)

- If CCFS Online Access is required, the User RIM Number and Password will be sent to you separately.
- All new signatories not identified by CCFS must complete an Identification and Verification Reference form.
- **Please note:** The person listed as the primary contact will receive all investment/loan correspondence from CCFS

We acknowledge having received, read and understood the Product Information Guide.

Authorisers

> 1. Full Name

Position (if applicable)

Address

State

Postcode

Phone

Online access authority level

Full access

Authorise

View only

N/A

Email

Authorised signature

Date

> 2. Full name

Position (if applicable)

Address

State

Postcode

Phone

Online access authority level

Full access

Authorise

View only

N/A

Email

Authorised signature

Date

> 3. Full name

Position (if applicable)

Address

State

Postcode

Phone

Online access authority level

Full access

Authorise

View only

N/A

Email

Authorised signature

Date

> 4. Full name Position (if applicable)

Address State Postcode

Phone **Online access authority level**

Full access Authorise View only N/A

Email

Authorised signature Date

/ /

> 5. Full name Position (if applicable)

Address State Postcode

Phone **Online access authority level**

Full access Authorise View only N/A

Email

Authorised signature Date

/ /

> 6. Full name Position (if applicable)

Address State Postcode

Phone **Online access authority level**

Full access Authorise View only N/A

Email

Authorised signature Date

/ /

STEP 6: OPERATING INSTRUCTIONS FOR INVESTMENTS

Any sole party to sign **OR** All parties to sign **OR** Any of the nominated signatories to sign

STEP 7: AUTHORISED REPRESENTATIVES TO SIGN HERE

The details we have provided in this application are true and correct. We have read, understood and accepted the terms and conditions as outlined in the Product Information Guide and / or on the CCFS website.

We understand and acknowledge that this investment is managed by Churches of Christ Financial Services and used to promote the charitable purposes and support the work of the Churches of Christ.

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Information is collected from you to administer and manage your investments and if some or all the information is not collected then it may not be possible to administer your investment. We may use your personal information to provide you with information and marketing material about other products and services provided by Churches of Christ Financial Services. We do not provide your information to any other organisation without your consent, other than those organisations that provide administrative or other services as part of the operation of CCFS. You can view and obtain our Privacy Policy from our website: www.ccfsaustralia.org.au

PRIVACY

We consent to the collection, use and disclosure of our personal information as detailed in the Product Information Guide.

DISCLOSURE STATEMENT

Churches of Christ Financial Services Limited (CCFS) ABN 86 165 535 866 is the holder of an Australian Financial Services Licence (AFSL) number 502160 and is regulated by many regulators including the Australian Securities and Investments Commission (ASIC) and the Australian Prudential Regulation Authority (APRA). It is important for investors to note the following important information:



ASIC

Investors should be aware that deposits invested with CCFS are not subject to the normal requirement to have a disclosure document or Product Disclosure Statement and be registered or have a trust deed under the Corporations Act 2001. The depositors' scheme is not required to be examined or approved by the Australian Securities and Investments Commission. Deposits lodged with CCFS are designed for investors who wish to promote the charitable and religious purposes of CCFS and for whom the consideration of profits are not of primary relevance in the investment decision.

APRA

CCFS is not prudentially supervised by the Australian Prudential Regulation Authority. Therefore, an investor in CCFS will not receive the benefit of the financial claims scheme or the depositor protection provisions in the Banking Act 1959. Investments in CCFS are intended to be a means for investors to support the charitable and religious purposes of CCFS.

I have read and acknowledged this disclaimer statement

Authorised signatory 1	Authorised signatory 2
	
<input type="text"/>	<input type="text"/>
Print full name	Print full name
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



APPLICATION CHECKLIST

- Step 5: Have all parties signed this application?
- Step 5: Have all new signatories completed an Identification and Verification Reference form.
- Step 7: For Organisations, have you got 2 authorised representatives signatures?