Application Form Associated Individuals and Organisations





This form may be lodged with CCFS:

by post

by email:

Churches of Christ Financial Services PO Box 5302,

info@ccfsaustralia.org.au

South Melbourne Vic 3205



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

	ber 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

STEP 1: CONT.

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.

Fixed Term Inves		
Investment duration: 3 months	Interest options:	You may wish to have your interest paid to
6 months 12 months 24 months	Gift to: State Conference New church mission	another account. Please include details below: A/C Name
Amount	Leadership development GMP	BSB A/C Number
Online Accumulator > Offset Account		
Opening amount Opening amount		
Easy Access (Trar	nsactional Account)	
Opening amount Cheque Format Cheque Book A4/Remittence A deposit book will be ordered and mailed to the nominated address.		

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STEP 2: CONT.

PRODUCTS ONLY AVALIABLE TO ASSOCIATED OR	GANISATIONS
> MEA (Minister's Expense Account)	
Cheque book required Yes No Minister's given names	Visa (pre paid) If yes, please complete a separate Visa Prepaid application. Minister's last names
Credit Card Merchant Facility Please contact CCI CCFS App Please contact CCFS office LSL Accumulator Account Please complete steps	
Please Note: A Daily Limit of \$10,000 applies for pay external financial institutions. To make a payment g nstitution please advise the CCFS office on 1300 MY	reater than \$10,000 to an external financial
f you would like to allocate a specific name to your investment Please write that name here e.g. Operating, Mission or Building	
TEP 4: FUNDING YOUR NEW INVEST	
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)	Source of Funds For AML/CTF* purposes we need to be able to confirm where the funds you are investing with CCFS have come from. For an individual this may include salary, sale of property, savings, inheritance, etc. For a church/organisation, this may include regular congregational giving, other
Amount	operating income, rent or large donation. Please provide some details below.

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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.	
Authorisors	
> 1. Full name Position (if applicable)	
Address State Posto	code
Disease Continue a sesse suttle suite a level	
Phone Online access authority level Full access Authorise View only N/A	
Email Email	
Authorised signature Date	_
> 2. Full name Position (if applicable)	
2 B. Fait Harrie	
Address State Posto	code
Phone Online access authority level	
Full access Authorise View only N/A	
Email	
Authorised signature Date	
> 3. Full name Position (if applicable)	
Address State Posto	rode
, ladiess	
Phone Online access authority level	
Full access Authorise View only N/A	
Email	
Authorised signature Date	

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> 4. Full name	Position (if applicable)
Address	State Postcode
Phone Online acces Full acce	ss authority level ss Authorise View only N/A
Authorised signature	Date
> 5. Full name	Position (if applicable)
Address	State Postcode
Phone Online access Full access Email	ss authority level ss Authorise View only N/A
Authorised signature	Date
> 6. Full name Address	Position (if applicable) State Postcode
Phone Online acce: Full acce	ss authority level ss Authorise View only N/A
Authorised signature	Date
EP 6: OPERATING INSTRUCTIONS F	OR INVESTMENTS
Any sole party to sign OR All parties to sign OR	Any of the nominated signatories to sign

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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.

ΔPRΔ

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
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Authorised signatory 1	Authorised signatory 2
Print full name	Print full name
Date	Date

	APPLICATION CHECKLIST	
U	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?	

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