



PREMIUM SAVINGS ACCOUNT CHANGES ADVICE

(Please use block letters when completing the form)

Date ____/____/____

Account Number: _____

Account Name: _____

Address: _____

Postcode _____

Telephone: _____

Fax: _____

Contact Person: _____

Authorisation

I/WE request you to record and/or cancel the following authorised signatory/ies on the above account/s:

Authorised Signature/s

Cancel Signatory/ies

Initials and Surname

Add New Signatory/ies

1. Full Name & Position: Mr/Mrs/Ms/Sr/Fr/Br

Address: _____ Postcode _____

Phone: (B) _____ (H) _____

Do you currently operate on any CDF account? Yes No If yes, CDF Account No. _____

Signature: _____

2. Full Name & Position: Mr/Mrs/Ms/Sr/Fr/Br

Address: _____ Postcode _____

Phone: (B) _____ (H) _____

Do you currently operate on any CDF account? Yes No If yes, CDF Account No. _____

Signature: _____

3. Full Name & Position: Mr/Mrs/Ms/Sr/Fr/Br

Address: _____ Postcode _____

Phone: (B) _____ (H) _____

Do you currently operate on any CDF account? Yes No If yes, CDF Account No. _____

Signature: _____

Any of the above Any two of the above Other (please specify) _____

Office Use Only:

Processed by: _____

Date: _____