

# Close savings account(s) request

## What are your personal details?

### First account holder

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Last name	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

### Second account holder (joint accounts only)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Last name	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

## Which account(s) do you wish to close?

<input type="checkbox"/> Everyday or Everyday Direct account	<input type="checkbox"/> Bill Paying	<input type="checkbox"/> Reward Saver	<input type="checkbox"/> Other
<input type="checkbox"/> Cash Management	<input type="checkbox"/> Online Savings	<input type="checkbox"/> Summer Stash account	<input type="text"/>
<input type="checkbox"/> Mighty Saver	<input type="checkbox"/> Target Saver	<input type="checkbox"/> Pension Advantage account	

I acknowledge that any access facilities such as cards, offset or cheque books will be cancelled. If you have a RediCredit facility, this will also be closed.

## How would you like the funds dispersed?

Balances of this account are to be:

<input type="checkbox"/> Transferred to a Teachers Mutual Bank Limited account in the name of another Teachers Mutual Bank Limited Member:					
Account name	<input type="text"/>	Member no.	<input type="text"/>	Account type (e.g. S1)	<input type="text"/>
<input type="checkbox"/> Transferred by electronic funds transfer <small>(EFT a fee may be applicable)</small>	Account name	<input type="text"/>			
Name & address of financial institution	<input type="text"/>				
BSB	<input type="text"/>	Account No	<input type="text"/>		

## Please sign below in black pen only

Refer to the Conditions of use - Accounts and access and the Fees and charges brochure for details on account conditions and fees and charges.

### First account holder




Signature	<input type="text"/>	Date	<input type="text"/>
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### Second account holder

Signature	<input type="text"/>	Date	<input type="text"/>
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Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>

## Returning this form

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	mso@tmb.com.au
	(02) 8887 7600