



PARTNER PLAN

"Partner with us for a better future"

"Taking Member Service to a Higher Rank"

Account # _____

Date _____

Name _____
Surname Middle First

Date of Birth ____/____/____ Marital Status Single Married Divorced Widowed
Day Month Year

T.R.N of applicant _____

Address _____

Telephone _____
Home Mobile Work

Designated Beneficiary _____ Relationship _____

PARTNER PLAN CONTRACT

Desired Plan

- 16 weeks (4 months) ¼ hand
- 24 weeks (6 months)..... ½ hand
- 36 weeks (9 months)1 ¼ hand
- 48 weeks (12 months).....2 ¼ hands

Weekly/ Fortnightly / Monthly Hand required _____
Minimum of \$500.00 per week

At the end of the plan transfer my money to my Share Account Deposit Account Both None

Member's Signature _____ Date ____/____/____
Day Month Year

INTERNAL USE ONLY

Enrollment taken by _____ Treasurer's/ Manager's Signature _____

PARTNER PLAN SAVINGS BONANZA ENTRY FORM

ACCOUNT # _____

Entry date _____

Name _____
Surname Middle Initial First

Telephone _____
Home Mobile Work

Correctly fill in the missing letters
 P _ t n _ w _ _ _ s _ o r a _ e t t _ r f _ u r _