



PARTNER PLAN

"Partner with us for a better future"

"Marching forward....building wealth"

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)
- 24 weeks (6 months)
- 36 weeks (9 months)
- 48 weeks (12 months)

Fortnightly / Monthly deposit _____
Minimum of \$500.00 per week

Annual interest rate _____

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 _____