

Term Deposits- 31 Days' Early Release Notice

USE THIS FORM TO: Request an early release of your Great Southern Bank Term Deposit account. Please read the terms and conditions brochure before you complete this form. You will need to provide 31 days' notice to withdraw part or all of your term deposit before maturity and an interest adjustment may apply.

1 CUSTOMER DETAILS						
Customer 1			Customer 2			
Customer number:			Customer number:			
Given name/s:			Given name/s:			
Surname:			Surname:			
Date of birth:			Date of birth:			
Contact number:			Contact number:			
Current Address:			Current Address:			
Suburb	State	Postcode	Suburb	State	Postcode	

2 EARLY RELEASE DETAILS				
Is this Term Deposit held as security on a loan? Yes No				
Account number:				
Account name:				
Full Release & Close Account or				
Partial Release Requested				
Amount requested: \$ Remainin	g balance exceeds \$5k			
On completion of the 31 day notice period funds should be transferred to Great Southern Bank Transfer to Great Southern Bank Account: Account number:				
Account name:				
Account type:				
Note: For the request to be processed, the funds will need to be transferred to a Great Southern Bank Account. Funds will be released in 31 days.				
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<i>Note:</i> For the request to be processed, the funds will need to be transferred to a Reason for early release:	Great Southern Bank Account. Funds will be released in 31 days.			

3 ACKNOWLEDGEMENTS AND CONSENTS					
l agree to each of the acknowledgements and declarations set out below:					
 I acknowledge that release of these funds is at Great Southern Bank's absolute discretion I acknowledge that the release of my funds is subject prior written notice and will be released 31 days' from receipt of notice (an interest adjustment may apply). 					
					• I declare that my request is to release a minimum of \$1,000 and the remaining balance (if any) exceeds \$5,000
Signature 1	Signature 2				
Date:	Date:				
Once you have completed this form: Drop it into a Great Southern Bank branch Submit it through online banking secure mail					

We're here to help

If you need assistance completing this form, call us on **133 282** or drop into your local branch.

OFFICE USE ONLY

ID listed:

Signature:

Sighted by staff:

Branch stamp: