

Balance Transfer Application

USE THIS FORM TO: Apply to transfer your non-Great Southern Bank credit, charge or store card balance to a Great Southern Bank Credit Card. Please read the terms and conditions overleaf before you complete this form.

1 GREAT SOUTHERN BANK CREDIT CARD DETAILS

Credit card number:

X X X X X X X

Please enter the first six and last four digits of your credit card number.

| 2 CARDH | OLDER DETAILS | | | | |
|---------------|---------------|----------------------|--|--------------|----------|
| Customer num | ber: | | | | |
| Title Surname | | Given name(s) | | | |
| | | | | | |
| Date of birth | Emc | il address | | Mobile phone | |
| | | | | | |
| Unit number | Street number | Street name and type | | | |
| | | | | | |
| Suburb | | | | State | Postcode |
| | | | | | |

| Name on ca BPAY biller c | code | | | BPAY reference | ce/account number |
|-----------------------------|------------|-------------------------------|----------------|-------------------|------------------------------|
| Name on ca | | | | | |
| | ard | | | Card issuer | |
| CARD 3 | Card type: | Credit card | Store card | Charge card | Amount to be transferred: \$ |
| BPAY biller code | | BPAY reference/account number | | | |
| Name on ca | ard | | | Card issuer | |
| CARD 2 | Card type: | Credit card | Store card | Charge card | Amount to be transferred: \$ |
| BPAY biller code | | | BPAY reference | ce/account number | |
| Name on ca | ard | | | Card issuer | |
| CARD 1 | Card type: | Credit card | Store card | Charge card | Amount to be transferred: \$ |

ACKNOWLEDGEMENTS AND CONSENTS

I authorise Great Southern Bank to process this request. I agree to the terms and conditions set out below:

- You can request to balance transfer a minimum of \$250 and up to 80% of your approved credit limit. If you request a higher amount, we will only process up to 80% of the credit limit.
- The variable Cash Advance rate or any applicable promotional rate will apply to balance(s) transferred. We will start charging the interest on the balance transfer from the date on which we process it.
- Any applicable promotional balance transfers that you wish to apply for must be applied within 3 months of the Disclosure Date stated on your Offer And Credit Card Contract.
- Only one application can be made in respect of any promotional balance transfer offers.
- Great Southern Bank will not be responsible for any delays that may occur in processing payment to your other account(s).
- We recommend that you close your existing account(s) once the balance transfer has been completed. However, it is your responsibility to close the account(s) if that is your intention.
- We may decline a request for a Balance Transfer at our discretion.
- The up to 55 days interest free days on purchases does not apply unless you have paid off your closing balance (including any balance transfers) in full.
- You acknowledge and agree that if you have not already activated your Great Southern Bank Credit Card, Great Southern Bank may activate the Card at any time following the processing of this balance transfer.

Signature

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Date

Once you have completed this form:

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Online banking: Access your secured Online Banking to forward your form.



O Drop it into a branch

We're here to help

If you need assistance completing this form, call us on 1300 367 672 or drop into your local branch.

Our privacy policy explains how we handle your personal information, and is available at **greatsouthernbank.com.au** or by calling us on **1300 367 672**.

| INTERNAL USE ONLY | | | | | | | |
|--|--|---------------------|---|--|--|--|--|
| SECTION 1 Completed by staff member receiving the form | | | | | | | |
| Form submitted: | Banking Support Branch Contact centre Secure Email in Great Southern Bank Online Banking | Identity confirmed: | I have verified the customer's identity The customer has verbally confirmed and consented to the above request (Contact centre only) | | | | |
| Received by: | | | | | | | |
| Staff name: | Employee ID: | | Date processed: | | | | |
| SECTION 2 Completed by staff member processing the form | | | | | | | |
| Processed by: | | | | | | | |
| Staff name: | Employee ID: | | Date processed: | | | | |
| Checked by: | | | | | | | |
| Staff name: | Employee ID: | | Date processed: | | | | |