

Declaration

By submitting this application, I/we acknowledge and agree:

- 1) The card will be either collected or sent by unmarked mail, and the personal identification number (PIN) will be posted to my/our postal address.
- 2) To notify Nexus Mutual if I/we do not receive a card within 21 days of this application or if the PIN does not arrive within 14 days of receiving the card/s.
- 3) That all the information contained in this application is true and correct.
- 4) By authorising an additional cardholder to the nominated account I/we acknowledge that person has access to the total credit limit on my/our account.
- 5) I/we are responsible for all the transactions performed with the card by the additional cardholder.
- 6) I/we may cancel the additional card by providing written notification to Nexus Mutual and the cancellation is not effective until the card is surrendered to Nexus Mutual and all transactions performed with the card are posted to my/our account.
- 7) I/we are aware that the conditions of use appropriate to the card are available on request from a Nexus Mutual branch or by visiting nexusmutual.com.au

Account holder signature - Please sign or submit through internet banking secure email

Date

Additional cardholders' signatures

1.	2.
3.	4.

Submit your completed form to:

Nexus Mutual GPO Box 400 MELBOURNE VIC 3001 or enquiries@nexusmutual.com.au
T 1300 65 33 28 / +61 3 9608 8301 W nexusmutual.com.au