

● Internet Banking Registration Form

Please print clearly. ALL questions must be answered. If the application form is unclear, incomplete or details do not match our records, your Registration may be delayed.

Personal Details Existing Customer Number New Customer 1

APPLICANT NAME Title Mr. Mrs. Miss Ms. Dr. Other _____
Surname _____
Given Name/s _____

Contact Details

Phone _____ Mobile 1. _____ Mobile 2. _____
Email _____
RESIDENTIAL ADDRESS: Street: _____
Suburb _____ State _____ Post Code _____
POSTAL ADDRESS: Street: _____
Suburb _____ State _____ Post Code _____

Internet Banking Details 2

INTERIM CUSTOMER PASSWORD:

- Must be either 6, 7 or 8 characters long, and must contain at least 1 letter and 1 number.
- All interim passwords must be in lower case only.
- This is a **temporary password only**. You will be asked to select a new password when you first log in to internet banking.

I acknowledge that I have read the Supplementary Product Disclosure Statement (SPDS) and Terms and Conditions relating to MyLife MyFinance Internet Banking and agree to be bound by them. (Available on our website www.mylifemyfinance.com.au)

Signature _____
Date ____ / ____ / _____

Please return your completed registration form to: info@mylifemyfinance.com.au
or to MyLife MyFinance, Level 2, 535 Bourke Street, Melbourne VIC 3000.

OFFICE USE ONLY Registered By. Date