## Internet Access Application Form



for existing LLL Savings Account holders

(Refer to Product Disclosure Statement)

Please return this form to (no stamp required): LLL, Reply Paid 45, North Adelaide SA 5006

**Note for Children's accounts**: If the guardian (signatory) wishes the child to have enquiry access, the guardian must sign this application form completed in the name of the child.

PLEASE USE BLOCK LETTERS

Applicant's D	etails				
Title	□ Male □ Female		Residential Address		
Surname			Postcode		
Given Names			Postal Address		
Date of birth	/ /			Postcode	
Email			Phone (working hours) (	)	
			Phone (after hours) (	)	
Please add the fo	to the following LLL account/s ollowing accounts to my exist y limit on my account.	-			
Account Number		Account Name		Daily Account Withdrawal Limit	Enquiry Access Only
				\$	
		-		\$	
		-		\$	
		-		\$	
		-		\$	
				\$	
mail without the pa Privacy Statement: T	nclose passbook/s for cancellates sbook. Statements can be do the LLL respects the privacy of a nciples. A copy of the LLL Priva	ownloaded via LLL@Ho	ome at any time. ound by and committed to sup		
I acknowledge that I have read and understood the Product Disclosure Statement (PDS) and accept the terms and conditions on which the LLL@ Home facility is provided (refer to www.lll.org.au or contact us if you require a further copy of the PDS). The LLL provides the LLL@ Home facility pursuant to its AFSL (number 329339).			Date		
			Signature		

I also understand that existing accounts (except children's accounts) as detailed above will be transferred to an Internet Access account

(my account number will remain the same).