



I apply for membership of the

New Zealand Police Association (Tick)



Police Welfare Fund (Tick)

Please complete the HealthPlan Application on the following page.



Police and Families Credit Union (Tick)

MEMBERSHIP APPLICATION FORM

APPLICANT'S DETAILS:

Title Mr / Mrs / Ms / Miss Surname or Family Name

First Names (please state all names in full)

Also known as Male Female

Date of birth / / Marital Status: Married Single Partnership (Tick applicable)

Residential Address

Postal Address (If different from above)

Suburb City & Postcode

Home Telephone Mobile

Email

APPLICANT'S PROFESSIONAL INFORMATION:

Tick applicable option: NZ Police Staff holding office of constable NZ Police Staff not holding office of constable

Date Employed by Police / / Number of hours worked per week Hrs

Designation/Occupation Police QID

Place of Work IRD No.

FOR POLICE AND FAMILIES CREDIT UNION MEMBERSHIP ONLY

If no IRD number is supplied a default rate of 39% applies. You may also choose to be taxed at a lower rate than your gross earnings, however you will need to pay any additional tax required to the Inland Revenue Department at the end of the financial year.

Preferred tax rate for deposits %

CONDITIONS FOR MEMBERSHIP OF NEW ZEALAND POLICE ASSOCIATION AND POLICE WELFARE FUND LIMITED

I apply for membership of the New Zealand Police Association (NZPA)/Police Welfare Fund Limited and declare the information in this application is true and correct.

Rule Compliance and Subscription Payments

- I agree to:
 - Abide by the Rules, as amended from time to time, of the NZPA and Police Welfare Fund Limited (including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan and Police Welfare Fund Mortgages Ltd).
 - Pay any subscriptions or fees pursuant to my membership when they are due.
 - The NZPA and Police Welfare Fund Limited commencing subscription deductions from my salary following graduation from the Royal New Zealand Police College, provided that, I have not notified the manager of Welfare Services, NZPA, in writing, of my intentions to cease membership.
 - The NZPA and Police Welfare Fund Limited altering my subscription deductions from my salary following notice of subscription changes and/or amendments to fees for products and services I have purchased.

Representation

- Pursuant to the rules and policies of the Association, I authorise the NZPA to act as my representative in all matters relating to my employment, including but not limited to:
 - The negotiation and enforcement of (an) employment agreement(s)/contract(s), whether individual or collective;
 - Any proceedings related to my employment;
 - Receiving personal information about me from my employer, including receiving information prior to that information being conveyed to me (e.g. any ending disciplinary allegations and investigation).
- In the event that there is a legal issue arising from my employment, I understand and agree that, in accordance with its rules and policy, NZPA will make the final determination in respect to the progression and representation of that issue.
- I agree with the following ratification procedure for any collective employment agreement contract(s) which the NZPA may negotiate on my behalf: the proposed settlement will be accepted if supported by the majority of votes cast in accordance with the Association Rules by way of a secret ballot including special votes, by those relevant eligible members of the Police Association voting for the purpose of ratifying a settlement.
- I understand I can withdraw my authorisation to be represented by the NZPA prior to any proposed settlement being reached in negotiations with my employer for a collective employment agreement/contract; or with regard to any other matter at any stage.

PLEASE READ POLICE AND FAMILIES CREDIT UNION TERMS AND PRIVACY ACT CONDITIONS OVERLEAF AND SIGN FORM

GENERAL TERMS OF POLICE AND FAMILIES CREDIT UNION MEMBERSHIP

I apply for membership of the Police and Families Credit Union and agree to conform to its Rules and amendments thereof and subscribe for at least one share.

Signing Authority

- I authorise the Police and Families Credit Union to:
 - Debit to any of my accounts (whether or not in credit) any cheques, direct debit or other payment orders; and
 - Act upon any request to deal with any property which the Credit Union may at any time hold on my behalf if signed or initialled electronically or in accordance with the method of signing (subject to the General Terms as listed here) by the Authorised Signatory listed here:

Print Name Signature Date

PLEASE REMEMBER TO SIGN THE BOX AT THE BOTTOM OF THE PAGE ALSO.

Power to Sign

- I confirm that this Application Form/Mandate document is validly executed and is binding.

Accessing Accounts

Operation of Account

- Any dealing with the Police and Families Credit Union will be properly authorised and binding on me if signed in accordance with the signing authority above.
 - I may operate my account by way of electronic banking process, facsimile or telephone.
 - Where I wish to operate my account in this manner, I will be provided with a password or code and this must be used to initiate all telephone transactions made from my account. Any password or code supplied to me from the Police and Families Credit Union must not be disclosed to any person.
 - I acknowledge that the security for passwords or codes are my sole responsibility.
 - The Police and Families Credit Union may rely on and act on instructions and requests initiated electronically or by telephone where the correct code or password has been used or in the case of a facsimile where that facsimile bears a signature matching that in the Signing Authority part of this form.

Disputes

- If any dispute arises concerning my Account the Police and Families Credit Union may refuse to allow the account to be operated until I confirm in writing that the dispute has been resolved.

Set-Off

- The Police and Families Credit Union may at any time without notice, set-off, combine or apply any credit balance to meet any of my obligations to the Police and Families Credit Union.

Variation of Signing Authority

- Any new authority varying the Signing Authority will not be effective until received by the Police and Families Credit Union at Level 11, Willbank House, 57 Willis Street, PO Box 12 344, Wellington.

Indemnity

- To the extent permitted by law I indemnify the Police and Families Credit Union against all liability incurred by the Police and Families Credit Union resulting from the Police and Families Credit Union acting or omitting to act in accordance with a telephone or electronically generated instruction or any other instruction to the Police and Families Credit Union regarding my account.

PRIVACY ACT CONDITIONS

- I agree that the information in this application may be used by all of the bodies I have applied for membership of and any third party in providing additional related or unrelated services to me.
- I authorise any person or company to provide the bodies in condition 1., including Police Welfare Fund Insurances Ltd, Police Welfare Fund Fire & General Insurance Ltd, Police Health Plan and Police Welfare Fund Mortgages Ltd, with any information requested by them in connection with any services provided by the bodies.
- I acknowledge that:
 - The information now given in my application or supplemented at any future time is being collected in connection with my membership of and the provision of services by, the bodies referred to in condition 1. including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan and Police Welfare Fund Mortgages Ltd;
 - That information and any supplement to it, may be exchanged between the bodies referred to in condition 1., including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan and Police Welfare Fund Mortgages Ltd, without any further authority from me; and
 - The information will be held by those bodies, including Police Welfare Fund Insurances Ltd, Police Welfare Fund General Insurances Ltd, Police Health Plan and Police Welfare Fund Mortgages Ltd, subject to my rights of access to, and correction of, that information as provided in the Privacy Act 1993.

I have read, understood and accept all the Conditions for Membership of New Zealand Police Association and Police Welfare Fund Limited, General Terms of Police and Families Credit Union Membership and the Privacy Act Conditions relevant to the bodies that I have applied for membership of.

Print Name Signature Date

IF YOU ARE ALSO JOINING THE POLICE AND FAMILIES CREDIT UNION PLEASE ENSURE YOU SIGN 'SIGNING AUTHORITY' BOX ABOVE.