

This form should only be used for requests to combine ANZ credit card accounts. If you would like to apply for a credit limit increase with this request,
please call us on 13 22 73 so we can complete your request over the phone.

ANZ ACCOUNT TO REMAIN OPEN (THE 'CONTINUING ACCO	UNI
Account name (exactly as it appears on the card)	ANZ

ANZ card type

Account number

If your ANZ account has both an ANZ American Express[®] card and an ANZ Visa card attached, please fill in your Visa card number instead.

DETAILS OF YOUR ANZ ACCOUNT(S) TO BE CLOSED (THE 'CLOSED ACCOUNT(S)')

Important: All credit cards, including credit cards issued to additional cardholder(s) on the account(s) to be closed are to be cut diagonally in half (including any chip on the card) and returned with the request. Any direct credit card account repayment arrangements for the account(s) to be closed, such as 'CardPay Direct' will not be transferred. If you require the convenience of 'CardPay Direct' on the Continuing account please complete an application form and attach to this document. Any Reward Points that remain unused on the Closed account(s) after 60 days will be cancelled. Please check that any regular payment arrangements on this account(s) are transferred to an open account to avoid declined transactions.

List of your accounts you wish to close

1. Account name (exactly as it appears on the card)	ANZ card type	Account number
	Visa MasterCard	
2. Account name (exactly as it appears on the card)	ANZ card type	Account number
	Visa MasterCard	
3. Account name (exactly as it appears on the card)	ANZ card type	Account number
	Visa MasterCard	
If any of the cards cannot be returned, please explain why:		

WOULD YOU LIKE ANZ TO CONTACT YOU IN WRITING WHEN YOU MAY BE ELIGIBLE TO INCREASE YOUR CREDIT LIMIT?

Government legislation means customers must provide ANZ with consent to send credit limit increase invitations.

For many, receiving these invitations provide a simpler way to apply for a credit limit increase if you need it.

If you would like to provide your consent, here are some things you need to know:

- ANZ may send you invitations to apply for a credit limit increase from time to time and its always your decision whether to apply
- ANZ may approve or decline your application depending on whether it meets our criteria
- Providing your consent does not mean that ANZ will send you invitations
- If you change your mind, contact ANZ anytime on 13 22 73

YES I provide my consent to receive written credit limit increase invitations that ANZ may, from time to time, make to me.

(Please disregard this section if you have already provided consent)

ADDITIONAL CARDHOLDERS DETAILS

Important:

- Additional cardholder(s) on the Continuing account will not change. Please do not nominate them below.
- Additional cardholder(s) on the Closed account(s) will be cancelled. Please nominate them below if they are required on the Continuing account.
- You can have a total of 3 additional cardholders (up to 9 for Gold and Platinum card accounts) on the account remaining open.

When nominating additional cardholders, please note:

- They must be over 16 years of age.
- You, as the account holder of the Continuing account, are responsible for all transactions made by an additional cardholder.
- An Annual Fee and/or Rewards Program Services Fee may be payable for each additional card on your account. Please review your Letter of Offer or call 13 22 73 for details.

As the account holder, you can request to cancel an additional card by calling 13 22 73 or visiting any ANZ branch. ANZ will only cancel the additional card when you have returned it to ANZ or have taken all reasonable steps to return it to ANZ.

ADDITIONAL CARDHOLDER ONE

Title	First Name		Middle Name
Surname			Date of Birth (DD/MM/YYYY)
Security Code (for ident	ification purposes – eg. a word mea	ningful to the additional cardhol	der)
	dholder have an existing ANZ accound dvised of ANZ's identification require		to an existing ANZ account? Account number
L les branchhame			
Additional Cardholder's	Signature	Date (DD/MM/YYYY)	BANK USE ONLY ID BSB ID Conf.

Request to Combine ANZ Credit Card Accounts



ADDITION	NAL CARDHOL	.DER TWO		
Title		First Name		Middle Name
Surname				Date of Birth (DD/MM/YYYY)
Security C	ode (for identi	fication purposes – eg. a word mea	aningful to the additional cardhol	der)
Does the a	additional card	cation Process holder have an existing ANZ accou vised of ANZ's identification requir		to an existing ANZ account?
	Branch name			Account number
Additiona	l Cardholder's	Signature	Date (DD/MM/YYYY)	
				BANK USE ONLY
				ID BSB ID Conf.
		TAU C		0,1
	LLECTION DE			
		mail the additional card(s) to the a be advised by mail if additional car	-	branch where the additional cardholder will collect the cards.
Branch na		,		

	BANK USE ONLY
Branch address	ID BSB
	0,1

DECLARATION TO COMBINE ANZ CREDIT CARD ACCOUNTS

By requesting to close the Closed account(s) and increase the credit limit on the Continuing account:

- I confirm that my financial situation has not deteriorated over the last 3 months such that I cannot continue to afford the repayments on my Continuing ANZ credit card account once the credit limit on that account has been increased by the amount of the current credit limit(s) on the Closed account(s)
- I also understand that the applicable interest rates on my Continuing credit card account might differ from the interest rate[s] applicable to my existing ANZ credit card accounts. Note: for up to date interest rates and charges refer to ANZ.com
- I confirm that I am satisfied with the increased credit limit on the Continuing ANZ credit account which has been increased by the amount of the current credit limit(s) on the Closed account(s) and this meets my requirements.

Note: If you would like to apply for a credit limit increase on your Continuing ANZ credit account as part of this request, please do not complete this form and call us on 13 22 73. We will process your application and request over the phone.

ACCOUNT HOLDERS AUTHORITY

On the date Australia and New Zealand Banking Group Limited ABN 11 005 357 522 ('ANZ') finalises the Closed account(s),

I authorise ANZ to:

D/

- 1. Close the account(s) nominated on this request as the Closed account(s).
- Increase the credit limit on the Continuing account by the amount of the current credit limit(s) on the Closed accounts(s), except for any limit applying to a ANZ Visa PAYCARD or an ANZ Rewards Visa PAYCARD. If you wish to decrease your credit limit, please call us on 13 22 73 and we'll arrange it for you.
- 3. Transfer any outstanding balance(s) including any unposted transactions from the Closed accounts(s) to the Continuing account.

l acknowledge that the amount(s) so transferred shall constitute an authorised transaction in respect of the Continuing account.

I understand that any Credit Card Insurance cover(s) applicable to the Closed account(s) does not transfer or otherwise apply to the Continuing account.

I acknowledge that as the account holder, if I have applied for any new additional cardholders on my Continuing account, I am responsible for all transactions made

on this account by any additional cardholder(s). I also acknowledge that if my request for an additional cardholder(s) is approved, the additional cardholder will be sent his/her own Personal Identification Number (PIN), can access the credit card account electronically and also obtain information about the status of my account and transactions made on my account.

I acknowledge that, unless otherwise advised by ANZ, the Promotional interest rates on the balance of any Promotional Plans applicable on my Closed account(s) will not be applicable on my Continuing account. Any outstanding balance and interest on Promotional Plans on my Closed account(s) will revert to the Standard Variable Rate applicable to purchases on my Continuing account as at the date of the transfer. I acknowledge that, unless otherwise advised by ANZ, once I transfer any balances from my Closed account(s) to my Continuing account, the interest rates on my Continuing account will apply.

I acknowledge that if I choose to change the product type of the Continuing Account before this request is actioned, then ANZ may apply this request to the new product type.

Continuing primary account holder's signature	
Signature	

Date (DD/MM/YYYY)			

Important: All credit cards, including additional cardholders' cards, relating to account(s) to be closed must be cut diagonally in half (including any chip on the card) and returned with this request. Special rules apply in respect to the cancellation and/or time to redeem any accrued reward points on the account to be closed (if applicable), where its reward scheme is different to the continuing account.

Please refer your rewards program terms and conditions before signing this form.

Please either fax completed form to 1800 457 921, deliver completed form to any ANZ branch or mail to:

Reply Post 2076, ANZ Card Maintenance

Locked Bag 10, Collins Street West Post Office, Melbourne Vic 8007. (No stamp required)

American Express is a registered trademark of American Express. ANZ American Express cards are issued by Australia and New Zealand Banking Group Limited pursuant to a license from American Express.