

CLIENT ACCOUNT APPLICATION FORM

CMA Bank:	<input type="text"/>	BSB / CMA Number:	<input type="text"/>
Adviser Code:	<input type="text"/>		
Adviser Name:	<input type="text"/>		
Adviser Firm:	<input type="text"/>		

What You Need to Complete the AMM Client Application

For ALL Accounts:

- ✓ If your client already has a Cash Management Account (CMA) with one of our providers, please complete the section above. Alternatively we can open an account on their behalf from our choice of providers. For more information, please go to: www.moneymarket.com.au/views/public/how-it-works.html
- ✓ Before starting the online application, you must read the Australian Money Market Terms and Conditions.

For Personal Accounts (Individual and Joint):

- ✓ Personal details including date of birth, occupation and residential address.
- ✓ Tax File Number or Exemption Code (optional).
- ✓ **Certified** Identification documents e.g. Australian Drivers Licence or Passport. For more information, please select 'ID Requirements' in our Support Section after login.

For Corporate Accounts, Trusts and SMSF's:

- ✓ Australian Business/Company Number (ABN/ACN) and Tax File Number (TFN).
- ✓ Registered business address and contact information.
- ✓ **Certified** Identification documents such as Australian Drivers Licence or Passport for all directors, partners, trustees and 25% beneficial owners (depending on the business type).
- ✓ Identification documents including Company Statements and **certified** Trust Deeds.

What You Need to do After Completing Your Application Form

Please post your **original signed Application Form(s)**, **original certified ID** and any other required documentation such as linked bank account statements to:

Australian Moneymarket Pty Ltd, GPO Box 330, Brisbane , QLD 4001

Entity Type

- ☐ **Individual** - including joint accounts.
- ☐ **Superannuation Fund** - a registered Self Managed Super Fund with either a corporate or individual trustees.
- ☐ **Trust** - including family trusts, estates, unit trusts, discretionary trusts and testamentary trusts.
- ☐ **Company** - a registered company or a sole director company with an ACN.
- ☐ **Association** - an association that does not operate to make a profit eg. charity/sports club.
- ☐ **Sole Trader** - an individual conducting business under a separate entity with an ABN.
- ☐ **Formal Partnership** - two or more people carrying on business together. Partnerships are not registered under the Corporations Act but have a deed or agreement.
- ☐ **Government Body**

Account Details

Account Name	<input type="text"/>
Account Designation	<input type="text"/>
Source of Funds	<input type="text"/>

APPLICATION FORM (cont'd)

Signatory Details of Entity Applicant(s)

Complete for each signatory of the Entity.

Applicant 1						
Title					Mobile	
Given Name(s)					TFN	
Surname					TFN Exemption Code (if no TFN)	
Other Names						
Residential Address					Position	
Suburb/City		State		Postcode	Occupation	
Date of Birth					Citizenship	
Email					Nationality	
Applicant 2						
Title					Mobile	
Given Name(s)					TFN	
Surname					TFN Exemption Code (if no TFN)	
Other Names						
Residential Address					Position	
Suburb/City		State		Postcode	Occupation	
Date of Birth					Citizenship	
Email					Nationality	
Applicant 3						
Title					Mobile	
Given Name(s)					TFN	
Surname					TFN Exemption Code (if no TFN)	
Other Names						
Residential Address					Position	
Suburb/City		State		Postcode	Occupation	
Date of Birth					Citizenship	
Email					Nationality	
Applicant 4						
Title					Mobile	
Given Name(s)					TFN	
Surname					TFN Exemption Code (if no TFN)	
Other Names						
Residential Address					Position	
Suburb/City		State		Postcode	Occupation	
Date of Birth					Citizenship	
Email					Nationality	

APPLICATION FORM (cont'd)

Corporate Details

Company Name											
Type (Private/Public)						ACN					
Registered Business Address						ABN					
Suburb/City		State		Postcode		TFN					
Principal Place of Business						TFN Exemption Code (if no TFN)					
Suburb/City		State		Postcode		Nature of Business					
Country of Establishment											

Company Details - Shareholders

For the above Company, please provide details of all ultimate beneficial owners of more than 25% of the company's issued capital. Ultimate beneficial owners are the individual(s) who ultimately, directly or indirectly, own(s) or have control, through one or more shareholdings, of more than 25% of the shares or voting rights. ID is required for each shareholder.

Shareholder 1	<input type="checkbox"/> Same as Applicant 1 above	Percentage Held	<input type="text"/>	%						
Title					Date Of Birth					
Given Name(s)					Residential Address					
Surname					Suburb/City		State		Postcode	

Shareholder 2	<input type="checkbox"/> Same as Applicant 2 above	Percentage Held	<input type="text"/>	%						
Title					Date Of Birth					
Given Name(s)					Residential Address					
Surname					Suburb/City		State		Postcode	

Shareholder 3	<input type="checkbox"/> Same as Applicant 3 above	Percentage Held	<input type="text"/>	%						
Title					Date Of Birth					
Given Name(s)					Residential Address					
Surname					Suburb/City		State		Postcode	

Shareholder 4	<input type="checkbox"/> Same as Applicant 4 above	Percentage Held	<input type="text"/>	%						
Title					Date Of Birth					
Given Name(s)					Residential Address					
Surname					Suburb/City		State		Postcode	

APPLICATION FORM (cont'd)

Company Details - Directors

For the above company, please provide details of ALL directors.

Director 1	<input type="checkbox"/> Same as Applicant 1 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Director 2	<input type="checkbox"/> Same as Applicant 2 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Director 3	<input type="checkbox"/> Same as Applicant 3 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Director 4	<input type="checkbox"/> Same as Applicant 4 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Director 5								
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Trust/Super Fund Details

Trust Name							
Trust Type					ABN		
Address (No PO Boxes)					TFN		
Suburb/City		State		Postcode	Nature of Business		
Country of Establishment					Settlor of Trust (Trusts only)		

Trust/SMSF Details - Beneficiaries

For the above Trust/SMSF, please provide details of all named beneficiaries. A beneficiary is any person(s) for whom the trust has been created and who will eventually receive the benefits of the trust. (The beneficiaries are named members for SMSF's). This includes classes of beneficiaries.

Beneficiary 1

☐ Same as Applicant 1 above

Title		Date Of Birth				
Given Name(s)		Residential Address				
Surname		Suburb/City		State		Postcode

Beneficiary 2

☐ Same as Applicant 2 above

Title		Date Of Birth				
Given Name(s)		Residential Address				
Surname		Suburb/City		State		Postcode

Beneficiary 3

☐ Same as Applicant 3 above

Title		Date Of Birth				
Given Name(s)		Residential Address				
Surname		Suburb/City		State		Postcode

Beneficiary 4

☐ Same as Applicant 4 above

Title		Date Of Birth				
Given Name(s)		Residential Address				
Surname		Suburb/City		State		Postcode

Class of Beneficiary	
Class of Beneficiary	
Class of Beneficiary	
Class of Beneficiary	

APPLICATION FORM (cont'd)

Trust/Super Fund Details - Beneficial Owners/Controlling Persons

For the above Trust, please provide details for all beneficial owners/controlling persons i.e. individual(s), who directly or indirectly control(s) the trust.

Beneficial Owner 1	<input type="checkbox"/> Same as Applicant 1 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Beneficial Owner 2	<input type="checkbox"/> Same as Applicant 2 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Beneficial Owner 3	<input type="checkbox"/> Same as Applicant 3 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

Beneficial Owner 4	<input type="checkbox"/> Same as Applicant 4 above							
Title		Date Of Birth						
Given Name(s)		Residential Address						
Surname		Suburb/City	<table><tr><td></td><td>State</td><td></td><td>Postcode</td><td></td></tr></table>		State		Postcode	
	State		Postcode					

APPLICATION FORM (cont'd)

Postal Address

Company Name (if applicable)							
Address							
Suburb/City		State		Postcode		Country	

Additional Email Addresses

If you would like deal confirmations and redemption notifications emailed to additional parties such as the client or SMSF administrators etc, please add their email address below:

Email	
Email	
Email	
Email	

Linked Bank Account Details – DIRECT CREDITS ONLY

If you only wish to allow for direct credits into your external account(s), please list these below.

	Option 1	Option 2	Option 3
Financial Institution Name			
Account Name			
BSB			
Account Number			

Adviser Authority and Signature(s)

If you would like to give access to your Australian Money Market (AMM) account to your financial adviser or stockbroker so that they can give instructions on your behalf, please arrange for them to sign below. This access only allows your financial adviser or stockbroker to transfer funds between accounts in your own name.

I declare that I have obtained the identification records of the below Applicant(s) and carried out the appropriate verification procedures in accordance with the IFSA/FPA Industry Guidance Note and am reasonably satisfied as to the identity of the Applicant. Copies of the identification will be provided as part of this application.

Signature/s			
Name of Firm		Date	

When you give access to your financial adviser or stockbroker, and that financial adviser or stockbroker is a company or firm, you agree that we may accept instructions from any relevant authorised officer of the financial adviser or stockbroker noted with AMM.

APPLICATION FORM (cont'd)

Authority to Act

I/We, the undersigned, do hereby grant a limited power of attorney to Australian Moneymarket Pty Ltd to have full power and authority to undertake and perform the following on my/our behalf:

- i. apply for, open and operate new bank accounts with any chosen financial institution, or any other investments;
- ii. authorise for direct debit payments to be acted upon by any chosen institution in order to transfer funds in relation to new or existing bank accounts;
- iii. instruct in relation to rollovers, maturities, transfer requests of existing investments;
- iv. advise of changes to my/our contact details as advised from time to time;
- v. notify my/our TFN(s) or Exemption(s) in respect of any existing investment(s) and or new purchase(s) made on my/our behalf.
- vi. authorise AMM, and any chosen institution, to do any tasks reasonably incidental to the tasks described in paragraphs i to v above.

I/We understand that AMM will provide me/us with a copy of the relevant Terms and Conditions relating to any account which AMM proposes to open in my/our name prior to the account being opened. I/We am aware that I/we must read and understand those Terms and Conditions and contact AMM if I/we do not agree to be bound by them.

This authority is given only to act as per instructions given by me/us via the AMM website or by any other means of documented instruction, or received by my/our adviser listed above (if applicable).

Australian Moneymarket Pty Ltd agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his discretion deems advisable. This power of attorney may be revoked by me/us in writing at any time, provided any person relying on this power of attorney shall have full rights to regard it as current and in force.

Signatures

I/We declare that the information provided in this document is true and correct and that I/we are authorised to sign this document on behalf of the account holder.

By signing this form, each Authorised Signatory acknowledges they have received, read and understood the Terms and Conditions of Australian Moneymarket Pty Ltd and agree to be bound by them. By using the Site, each Authorised Signatory grants AMM consent to collect, store, use and disclose any personal information you may give us in accordance with the AMM Privacy Policy. A copy of AMM's Terms and Conditions and Privacy Policy are available on our website www.moneymarket.com.au.

I/We agree that when more than one signatory exists, future account operating instructions will be accepted by any one parties' signature.

1st Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes No (please tick appropriate box)

2nd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes No (please tick appropriate box)

3rd Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes No (please tick appropriate box)

4th Individual Applicant or Director / Company Secretary

Signature		Title (if Company)	
Name		Date	

Are you a US resident for tax purposes or a US citizen? Yes No (please tick appropriate box)