

BOQ Money Market Deposit Accounts Managed by DDH Graham Limited

APPLICATION FORM



Please complete form in BLACK INK using CAPITAL letters.

Please ensure ALL information is completed as indicated in this form for the relevant customer type. If information is incomplete, your application will not be processed.

ADVISER USE						
Adviser Name	Adviser					
Contact Details	Company Name					
Phone ()						
Email Address	Broker Reference					
CUSTOMER TYPE (Please tick relevant custome	er type)					
INDIVIDUAL/JOINT						
→ complete section 1 of the form and relevant inform	nation in 5-11					
SOLE TRADER						
→ complete section 1 and relevant information in sec	tions 3.1 and relevant information in 5.11					
COMPANY/COMPANY TRUSTEE						
→ complete section 2.1 and 2.2 , section 1 for 2 signin	g Directors and relevant information in sections 4-11					
SELF MANAGED SUPER FUND/TRUST						
→ also complete as per Individual or Company Truste	e in accordance with the type of Trustee, and relevant information in sections 3-11					
ASSOCIATION/ASSOCIATION MEMBER						
→ for Incorporated Associations, complete sections 2 section 1 for the Member customer, sections 2.1 ar	1 and 2.3 and relevant information in 5-11. For Unincorporated Associations, complete and 2.3 and relevant information in 5-11					
PARTNERSHIP						
\hookrightarrow complete section 2 , section 1 for 1 Partner and rele	evant information in sections 3-11					
INDIVIDUALS (Including Individual Customers, E	Directors, Sole Trader, Individual Trustees, Association Member, Partner)					
INDIVIDUAL A						
Individual Customer Individual Trustee	Company director/Sole Trader Association Member Partner					
Mr Mrs Miss Ms	Dr Other:					
First Name (s)	Middle Name (s)					
Surname						
	Date of Birth					
	Date of Birth					
Tax File Number OR Reason	Date of Birth / / / on for Exemption					
Tax File Number OR Reason						
Tax File Number OR Reason Residential Address (PO Box is not acceptable)						
	on for Exemption					
Residential Address (PO Box is not acceptable)	on for Exemption					
Residential Address (PO Box is not acceptable) Email Address	on for Exemption Post Code					
Residential Address (PO Box is not acceptable) Email Address Phone (business hours) () Occupation	on for Exemption Post Code					
Residential Address (PO Box is not acceptable) Email Address Phone (business hours) () Occupation Online Services	on for Exemption Post Code Mobile					
Residential Address (PO Box is not acceptable) Email Address Phone (business hours) (on for Exemption Post Code Mobile Cocess and withdrawals in accordance with the terms and conditions of the product					
Residential Address (PO Box is not acceptable) Email Address Phone (business hours) () Occupation Online Services Enquiry Access Only If you wish to add this account to an existing Online Services	on for Exemption Post Code Mobile Cocess and withdrawals in accordance with the terms and conditions of the product Services login. Provide the current username:					
Residential Address (PO Box is not acceptable) Email Address Phone (business hours) () Occupation Online Services Enquiry Access Only If you wish to add this account to an existing Online Sare you a potential Politically Exposed Person*?	on for Exemption Post Code Mobile Cocess and withdrawals in accordance with the terms and conditions of the product					

1

INDIVIDUAL B	
	rector/Sole Trader Association Member Partner
Mr Mrs Miss Ms Dr	Other:
First Name (s)	Middle Name (s)
Surname	Date of Birth
Tax File Number OR Reason for Exemption	
Residential Address (PO Box is not acceptable)	
	Post Code
Email Address	
Phone (business hours)	Mobile
()	
Occupation	
Online Services	
Enquiry Access Only Enquiry Access and withdra	awals in accordance with the terms and conditions of the product
If you wish to add this account to an existing Online Services login. Pro	ovide the current username:
Are you a potential Politically Exposed Person*? Yes No	
*A Politically Exposed Person is an individual, or close family member or close associate Australian government body, a foreign government body, or an international organisati	
INDIVIDUAL C	
Individual Customer Individual Trustee Company dir	rector/Sole Trader Association Member Partner
Mr Mrs Miss Ms Dr	Other:
First Name (s)	Middle Name (s)
riist ivaliie (s)	Middle Name (s)
S	Data of Birth
Surname	Date of Birth
Tax File Number OR Reason for Exemption	
Residential Address (PO Box is not acceptable)	
	2 . 6 .
Free I Address	Post Code
Email Address	Makita
Phone (business hours)	Mobile
Occupation	
Occupation Oction Services	
Online Services	
	awals in accordance with the terms and conditions of the product
If you wish to add this account to an existing Online Services login. Pro	
Are you a potential Politically Exposed Person*? Yes No	
*A Politically Exposed Person is an individual, or close family member or close associate Australian government body, a foreign government body, or an international organisati	
Full details for all Individuals and Directors must be collected. For additional Individuals/Directors, please complete an additional page:	1 of this application form.

2 AUSTRALIAN COMPANY, ASSOCIATION, CORPORATE TRUSTEE, PARTNERSHIP OR CO-OPS

2.1 ENTITY DETAILS	
Full Name	Full Business Name
ACN	Tax File Number
ABN	
Company Type/Entity Type	
Public Proprietary Association Partners	hip
Registered Address (PO Box is not acceptable)	
	Post Code
Principal Place of Business/Agent Address/Administration Address (as	applicable)
	Post Code
2.2 PROPRIETARY COMPANIES AND PARTNERSHIPS	
Full Names and residential address of Pty Company Directors/Partn	ers (as applicable)
1	Residential
	Address
2	Residential
	Address
3	Residential
	Address
4	Residential
	Address
Please add any additional director/partner by way of an attachment	to this form.
2.3 ASSOCIATIONS	
Full Name and Position of Association Chair, Secretary and Treasure	er
Full Name – Chair	
Full Name – Secretary	
Full Name – Treasurer	
Member name (Unincorporated Association) Please also complete in	nformation in section 1 for Individual Member'.
SELF MANAGED SUPER FUND, TRUST OR OTH	ER ENTITY DETAILS
3.1 TRUST/SMSF DETAILS/SOLE TRADING NAME	
Full Name	
Registered Business Name (if different from Full Name otherwise spec	cifu 'Ac abovo')
Registered business Name (ii different from Full Name otherwise spec	ally as above).
ACN	Tax File Number
ABN	Tax File Number
Country of Establishment	
Type of Trust	
	ther (Please specify)
*Please also complete Section 1 for Individual details/Partner detail	
r lease also complete section 1 for individual details/Partifier detail	s (2 randler only) or section 2 for Corporate trustee details.

3

3.2 BENEFICIARIES/CLASS DETAILS (AS APPLICABLE) Please collect the full name of each beneficiary or details of the class as per Trust Deed (as applicable) Beneficiaries Class Full Name (s) of Beneficiaries Details of Class 3.3 BENEFICIAL OWNER DETAILS Appointer Principal Guardian Other (please specify) Full Name of Appointor/Principal/Guardian (as applicable) The beneficial owner of a trust is the individual/s who control the trust such as the person who holds the power to appoint or remove trustees. This is usually an Appointor/Principal/Guardian but refer to Trust Deed to confirm. Details of Settlor (where initial contribution is more than \$10,000 and not deceased) Full Name (s) BENEFICIAL OWNERSHIP - ALL ENTITIES OTHER THAN TRUSTS Please provide details of all shareholders and/ or controlling persons who own 25% or more of the entity or who exercise 25% or more of voting rights. If no individual owns 25% or more of the entity or who exercise 25% or more of voting rights, please provide the details of the individual/s who exercise control of the entity through the capacity to determine decisions about financial and operational policies. (This individual may be the Chief Executive Officer and/ or the Chief Financial Officer). Full Name (s) Date of Birth / / OR Same as Individual A Residential Address (PO Box is not acceptable) Post Code Full Name (s) Date of Birth / OR Same as Individual B Residential Address (PO Box is not acceptable) Post Code Full Name (s) Date of Birth / / OR Same as Individual C Residential Address (PO Box is not acceptable) Post Code Full Name (s) Date of Birth Residential Address (PO Box is not acceptable)

November 2016

Post Code

ACCOUNT DESCR	IPTION					
*An account description is for y	our own account refe	rence. For exampl	le 'Holiday Accou	nt'		
ACCOUNT INFOR	MATION					
Postal Address for this Acc	ount					
						Post Code
Statements & Communica Please specify the frequency fo		ent (if no selectio	n is made, statem	ents will be issued qu	arterly):	. 551 6546
Quarterly	Semi-annua	ally				
Please tick this box if y	ou prefer correspo	ondence via Onl	line Services			
Call Accounts						
Initial Investment Amount	\$					
Term Deposit						
Initial Investment Amount	\$			Term		
Maturity Date	/	1		Interest Rate		%
Initial Deposit to be made	by					
Cheque attached (Plea	ase make cheques	payable to BOC	Money Marke	t Deposit Account	– insert account	name)
Electronic Funds Transfer (EFT)						
Via Direct Debit from than 6 months old and						ount to be debited that is
Source of Funds						
Superannuation	Savings	Salary	Other (olease specify)		
Interest Instructions						
Reinvest	Credit to the Pre	-Nominated Ac	count below			
Pre-Nominated Account						
If you wish to have interest	or withdrawals cred	dited to your ba	nk, building soc	ciety or credit unio	n account, please	provide the following info
Bank, building society or cr	edit union name					
Account name						

Account number / membership number

200 cheques

50 cheques

25 cheques

Bank, building society or credit union name

I would like a deposit book for my Call Account

I would like a cheque book for my Call Account

Account name

Branch number (BSB)

Cheque & Deposit Books

APPOINTING AN II	NDIVIDUAL AU	THORISED SIG	NATORY		
					posit Account (Account) on your to sign in the space provided.
I appoint					(Full Name/s)
as my Authorised Signatory/	ies to operate my Acc	ount at a Full Authorit	y Level, on my behal	f.	
•			•	_	osses and liabilities arising from nd the terms and conditions to
Customer Name			Customer Name		
Customer Signature			Customer Signatur	е	
Any Individual Authorised S by the terms and condition				ection the Authorise	ed Signatory agrees to be bound
Signature of Authorised Sig	natory				
I					(Full Name/s)
accept appoint as an Autho Deposit Account as though			hat I am bound by t	he terms and condi	tions of the BOQ Money Market
	ly consequential on the	e Bank or DDH acting			damage sustained or incurred by atside the authority conferred on
, and the second					
Full Name					
Relationship					
Address (PO Box is not acce	eptable)				
					Post Code
APPOINTING A FIN	IANCIAL ADVIS	SER/STOCKBRO	OKER/PROFES	SIONAL ADVI	SER TO OPERATE
	en you appoint your a any or firm, can act as at company or firm. authority you wish to o le, your adviser/stockl	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional ad	professional adviser of ory to your account, p orbital account, p orbital account, profession dviser will be provide	company or firm to corovided they are reg	perate your Account, any
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad	en you appoint your a any or firm, can act as at company or firm. authority you wish to o le, your adviser/stockl	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional ad	professional adviser of ory to your account, p orbital account, p orbital account, profession dviser will be provide	company or firm to corovided they are reg	perate your Account, any istered with DDH as an or firm by indicating in the boxes
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur	en you appoint your a any or firm, can act as it company or firm. authority you wish to o le, your adviser/stockl ment for full informatio	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional ac on on each level of aut	professional adviser of the provided when the provided with the provided the provided hority.	company or firm to corovided they are reg all adviser company ad with Standard Ad	operate your Account, any distered with DDH as an or firm by indicating in the boxes wiser Authority. Refer to the (Entity Name)
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur I appoint to operate my BOQ Money	nen you appoint your a any or firm, can act as it company or firm. authority you wish to o le, your adviser/stockt ment for full informatio	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional ac on on each level of aut ant on my behalf in acc	professional adviser of the provided that the provided the provided that the provided that the provided that the provide	company or firm to corovided they are regular adviser company and with Standard Adviser downing level of authorogeneous company and standard Adviser company adviser company and standard adviser company and standard adviser company adviser company and standard adviser company advin	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name)
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author	nen you appoint your action any or firm, can act as it company or firm. authority you wish to gle, your adviser/stockly ment for full information. Market Deposit Accounts: Market Deposit Accounts:	dviser/stockbroker or an Authorised Signator give your adviser/stockbroker/professional action on each level of author on my behalf in according to the control of the cont	professional adviser of the provided of the pr	company or firm to corovided they are regular and adviser company and with Standard Additional and advised with Standard Additional and advised and ad	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority:
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author	any or appoint your action and or firm, can act as it company or firm. authority you wish to go the your adviser/stockly ment for full information. Market Deposit Accountity Fee Authors, I release the Bank	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional agon on each level of aut on my behalf in accomprity Tax Aut	professional adviser of the provided of the pr	company or firm to corovided they are regular adviser company and with Standard Adviser standard Adviser standard Adviser standard Adviser standard Adviser standard Adviser standard S	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by	any or appoint your action and or firm, can act as it company or firm. authority you wish to go the your adviser/stockly ment for full information. Market Deposit Accountity Fee Authors, I release the Bank	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional agon on each level of aut on my behalf in accomprity Tax Aut	professional adviser of the provided of the pr	company or firm to corovided they are regular adviser company and with Standard Adviser standard Adviser standard Adviser standard Adviser standard Adviser standard Adviser standard S	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising
completing this section. Whe representative of that comp Authorised Signatory for the You can specify the level of below. If no election is made terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by from any payment that the	any or appoint your action and or firm, can act as it company or firm. authority you wish to go the your adviser/stockly ment for full information. Market Deposit Accountity Fee Authors, I release the Bank	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional agon on each level of aut on my behalf in accomprity Tax Aut	professional adviser or your account, profession account, profession dviser will be provided thority. Cordance with the following the bank and the provided the profession accordance with the following the provided the provide	company or firm to corovided they are regulated adviser company and with Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Standar	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising
completing this section. Wh representative of that comp Authorised Signatory for tha You can specify the level of below. If no election is mad terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by from any payment that the Customer Name	nen you appoint your a any or firm, can act as it company or firm. authority you wish to g le, your adviser/stockl ment for full information Market Deposit Accountity Fee Auth law, I release the Bank Bank or DDH make or	dviser/stockbroker or an Authorised Signato give your adviser/stock proker/professional agon on each level of aut on my behalf in accomprity Tax Aut	professional adviser of the providence of the providence with the following the providence with the providen	company or firm to corovided they are regulated adviser company and with Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Standar	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising
completing this section. Whe representative of that comp Authorised Signatory for that You can specify the level of below. If no election is made terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by from any payment that the Customer Name Customer Signature	nen you appoint your a any or firm, can act as it company or firm. authority you wish to g le, your adviser/stockl ment for full information Market Deposit Accountity Fee Auth law, I release the Bank Bank or DDH make or	dviser/stockbroker or an Authorised Signator an Authorised Signator give your adviser/stockbroker/professional action on each level of authority Tax Autor action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from, and it action the Bank or Discourse and DDH from action the Bank or Discourse and DDH from action the Bank or Discourse and DDH from and DDH from action the Bank or Discourse and DDH from action the Bank or DDH from action the	professional adviser of the providence of the providence with the following the providence with the providen	company or firm to corovided they are regulated adviser company and with Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Adviser Standard Standar	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising
completing this section. Whe representative of that comp Authorised Signatory for that You can specify the level of below. If no election is made terms and conditions docur I appoint to operate my BOQ Money. Standard Adviser Author. To the extent permitted by from any payment that the Customer Name Customer Signature ADVISER REMUNE Wholesale Client Ongoing Adviser Service Fe DDH is authorised, on behale	nen you appoint your action any or firm, can act as it company or firm. authority you wish to one it company or firm. authority you wish to one it company or firm. authority you wish to one it could be it co	dviser/stockbroker or an Authorised Signator an Authorised Signator and Authorised Signator and Authorised Signator and Authorised Signator and Sign	professional adviser or your account, professional adviser or your account, profession dviser will be provide thority. cordance with the following the Bank and DH take in accordant Customer Name Customer Signature Customer Signature collect Adviser Services representative or accordant accordant.	company or firm to corovided they are regular and adviser company and with Standard Adviser company and bound lowing level of authority and DDH against, allowed with this authorities.	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising by. ccount on behalf of the Licensee ive. This fee will be deducted
completing this section. Whe representative of that comp Authorised Signatory for that You can specify the level of below. If no election is made terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by from any payment that the Customer Name Customer Signature ADVISER REMUNE Wholesale Client Ongoing Adviser Service Fe DDH is authorised, on behal and remit this amount in cofrom the account as either as	nen you appoint your action any or firm, can act as it company or firm. authority you wish to one it company or firm. authority you wish to one it company or firm. authority you wish to one it could be it co	dviser/stockbroker or an Authorised Signator an Authorised Signator and Authorised Signator and Authorised Signator and Authorised Signator and Sign	professional adviser of the provided of the pr	company or firm to corovided they are regular and adviser company and with Standard Adviser company and bound lowing level of authority and DDH against, allowed with this authorities.	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising by. ccount on behalf of the Licensee ive. This fee will be deducted
completing this section. Whe representative of that comp Authorised Signatory for that You can specify the level of below. If no election is made terms and conditions docur I appoint to operate my BOQ Money Standard Adviser Author To the extent permitted by from any payment that the Customer Name Customer Signature ADVISER REMUNE Wholesale Client Ongoing Adviser Service Fe DDH is authorised, on behal and remit this amount in cofrom the account as either as	nen you appoint your action any or firm, can act as it company or firm, can act as it company or firm. authority you wish to gle, your adviser/stockly ment for full information. Market Deposit Accountity Fee Authority Fee Authority RATION Commission Amount: Reference for the AFS licensed final insideration of financial areduction in the inter-	dviser/stockbroker or an Authorised Signator an Authorised Signator and Authorised Signator and Authorised Signator and and action and action and action the Bank or Discourse and Action the Bank or	professional adviser of the provided of the pr	company or firm to corovided they are regular and adviser company and with Standard Adviser company and bound lowing level of authority and DDH against, allowed with this authorities.	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising by. ccount on behalf of the Licensee ive. This fee will be deducted
completing this section. Whe representative of that compound have been addeduced by the level of the low. If no election is made terms and conditions docur to appoint to operate my BOQ Money. Standard Adviser Author. To the extent permitted by from any payment that the Customer Name. Customer Signature. ADVISER REMUNE. Wholesale Client. Ongoing Adviser Service Fed DDH is authorised, on behaliand remit this amount in confrom the account as either a Adviser Servicing Feed.	nen you appoint your action any or firm, can act as it company or firm, can act as it company or firm. authority you wish to gle, your adviser/stockly ment for full information. Market Deposit Accountity Fee Authority Fee Authority RATION Commission Amount: Reference for the AFS licensed final insideration of financial areduction in the inter-	dviser/stockbroker or an Authorised Signator an Authorised Signator and Authorised Signator and Authorised Signator and and action and action and action the Bank or Discourse and Action the Bank or	professional adviser of the provided by the pr	company or firm to corovided they are regular and adviser company and with Standard Adviser company and bound lowing level of authority and DDH against, allowed with this authorities.	perate your Account, any instered with DDH as an or firm by indicating in the boxes viser Authority. Refer to the (Entity Name) ority: Full Authority losses and liabilities arising by. ccount on behalf of the Licensee ive. This fee will be deducted

8

9

CERTIFICATION OF US TAX STATUS

BOQ is required to identify certain US persons in order to meet account information reporting requirements under local and international laws.

Please tick this box if you are a US citizen or a resident of the US for tax purposes or (where you are applying on behalf of an entity) the entity and/or any office bearer* of the entity and/or any individual who holds an interest in the entity of more than 25% (A Controlling Person) is a US citizen or a resident of the US for tax purposes

Where you have ticked this box we will contact you and you will be asked to provide additional information about your US tax status and/or any Controlling Person which will constitute certification of US tax status for the purpose of this application.

If at any time after account opening, information in DDH or BOQ's possession suggests that you and/or any Controlling Person may be a US citizen or US tax resident, you may be contacted to provide further information on your US tax status. Failure to respond may lead to certain reporting requirements applying to your account.

* Director of a company, partner in a partnership, trustee of a trust, chairman, secretary or treasurer of an association or co-operative.

Australian Financial Institutions

If you are an Australian Financial Institution for the purposes of the Foreign Account Tax Compliance Act, please provide the following information regarding your registration status with the Internal Revenue Service:

Please tick this box if you have registered with the Internal Revenue Service.

GIIN:

Please tick this box if you have **not** registered with the Internal Revenue Service.

TIN

Reason for non-registration

DECLARATION AND 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, I/we acknowledge that we have received, read and understood the Terms and Conditions of the BOQ Money Market Deposit Accounts

I/We acknowledge that, from 1 January 2015, I/we must provide you with 31 days' prior notice to withdraw funds from my/our term deposit account outside of the renewal grace period and prior to the maturity date, unless an exemption from the 31 days' notice period has been agreed, due to financial hardship.

I/We understand that if I/we need to immediately access funds in the term deposit in the future that other deposit products may be more suitable for my/our needs.

I/We acknowledge that on maturity the term deposit will automatically rollover to the same term, unless otherwise instructed, with the interest rate applicable at the time of maturity, which may be a lower interest rate than applied during my/our prior term of investment.

I/we and each of the Authorised Signatory(s) agree to be bound by those Terms and Conditions, in particular:

- I/we confirm that each of the Authorised Signatories set out above are authorised to act on my/our behalf in relation to my/our BOQ Money Market Deposit Account(s) and to provide BOQ or DDH Graham Limited with instructions in accordance with the Terms and Conditions of the BOQ Money Market Deposit Accounts;
- I/we authorise DDH Graham Limited, in its capacity as agent of BOQ, to perform those functions, powers and actions set out in the Terms and Conditions to be performed by DDH Graham Limited in that capacity; and
- I/we consent to DDH Graham Limited or BOQ recording our telephone calls to them pursuant to those Terms and Conditions
 DDH Graham Limited and BOQ collect, use and disclose your personal information as provided in their collection statements, and in accordance with their Privacy Policy which is available at www.ddhgraham.com.au and www.boq.com.au

Note: Where this form is being signed on behalf of a Company it will need to be signed by either two directors or one director and one company secretary on behalf of the company. If the company only has one director who is also the sole company secretary, that person may sign this form on the company's behalf.

	ature vidual A)					
Nam	ne					
Posi	tion				Sole Director	
Date	2			Please note all signatures must be dated		
	ature vidual B)					
Nam	ne					
Posi	tion					
Date	•			Please note all signatures must be dated		
	ature vidual C)					
Nam	ne					
Posi	tion					
Date				Please note all signatures must be dated		
Acc	Account Signing Instructions					
	Any One to s	sign	All to sign	Other (Please specify):		
*If vo	*If you do not tick a how we will assume any one party is to sign. If you tick the box 'all signatories to sign' and you have also elected for instructions regarding					

withdrawals to be given by telephone, it will be deemed that any party can instruct via telephone, but that written instructions will need to be provided by all parties.

November 2016

IDENTIFICATION GUIDE	
CUSTOMER TYPE:	CERTIFIED COPIES OF ORIGINAL DOCUMENTATION REQUIRED:*
An Individual or sole trader, third party agent and Beneficial Owners	 Australian drivers licence; or Australian Passport; or Card issued under a law of a State or Territory containing a photo and date of birth
	If you cannot satisfy the above, then: • Australian Birth Certificate; or • Australian citizenship certificate; or • Pension card issued by Centrelink; or • Health card issued by Centrelink And • An original notice issued by Commonwealth, State, Territory or a Local Government Body
	containing your name and residential address. Foreign issued non-Australian identification documents are not acceptable
A Company	A copy of the ASIC database search showing company officers and shareholders
. ,	And
Trusts & Trustees	 Identification as required for 'An Individual' for all account signatories A copy of the Trust Deed
(e.g. Superannuation fund)	 And A search of the relevant ASIC or other regulators database
	 And Identification as required for: Individual Trustee/s (refer to 'An Individual'); or Corporate Trustee (refer to 'A Company') – not required for SMSF corporate Trustees
A Partnership	Partnership Agreement
	 And Minutes of a Partnership Agreement; or Membership details of a relevant professional association; or A search of the relevant ASIC or other regulators database; or A notice issued by the ATO within the last 12 months
	AndIdentification as required for 'An Individual' for all account signatories
An Incorporated Association	 Certificate of Incorporation; or Signed meeting minutes showing which officers can operate the account
	 And An original or certified copy of the Constitution or Rules of the association; or Information provided by ASIC or the government body responsible for the incorporation of the association
	AndIdentification as required for 'An Individual' for all account signatories
An Unincorporated Association & Registered Co-Operatives	 Signed meeting minutes showing which officers can operate the account And An original or certified copy of the Constitution or Rules of the association; or Identification as required for 'An Individual' for all account signatories
A Deceased Estate	A certified copy of the grant of probate or Letters of Administration
	AndIdentification as required for 'An Individual' for all Executors and/or account signatories

8 of 8

^{*}Additional documentation may be required in some circumstances. We reserve the right to vary these requirements at any time.
DDH do not accept self-certified documents, documents certified by parties with a direct interest in the entity or documents certified by a relative of the natural person.