



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	<input type="text"/>	Adviser Company Name	<input type="text"/>
Contact Details			
Phone	(<input type="text"/>) <input type="text"/>	Broker Reference	<input type="text"/>
Email Address	<input type="text"/>		<input type="text"/>

CUSTOMER TYPE (Please tick relevant customer type)

INDIVIDUAL/JOINT
↳ complete section 1 of the form and relevant information in 5-11

SOLE TRADER
↳ complete section 1 and relevant information in sections 3.1 and relevant information in 5.11

COMPANY/COMPANY TRUSTEE
↳ complete section 2.1 and 2.2, section 1 for 2 signing Directors and relevant information in sections 4-11

SELF MANAGED SUPER FUND/TRUST
↳ also complete as per Individual or Company Trustee in accordance with the type of Trustee, and relevant information in sections 3-11

ASSOCIATION/ASSOCIATION MEMBER
↳ for Incorporated Associations, complete sections 2.1 and 2.3 and relevant information in 5-11. For Unincorporated Associations, complete section 1 for the Member customer, sections 2.1 and 2.3 and relevant information in 5-11

PARTNERSHIP
↳ complete section 2, section 1 for 1 Partner and relevant information in sections 3-11

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INDIVIDUALS (Including Individual Customers, 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 / /

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 withdrawals in accordance with the terms and conditions of the product

If you wish to add this account to an existing Online Services login. Provide 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 of an individual, who holds a prominent public position or function in an Australian government body, a foreign government body, or an international organisation.

1**INDIVIDUAL B**

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 _____ / ____ / ____

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 withdrawals in accordance with the terms and conditions of the product

If you wish to add this account to an existing Online Services login. Provide 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 of an individual, who holds a prominent public position or function in an Australian government body, a foreign government body, or an international organisation.

INDIVIDUAL C

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 _____ / ____ / ____

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 withdrawals in accordance with the terms and conditions of the product

If you wish to add this account to an existing Online Services login. Provide 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 of an individual, who holds a prominent public position or function in an Australian government body, a foreign government body, or an international organisation.

Full details for all Individuals and Directors must be collected.

For additional Individuals/Directors, please complete an additional page 1 of this application form.

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

2.1 ENTITY DETAILS

Full Name	<input type="text"/>	Full Business Name	<input type="text"/>
ACN	<input type="text"/>	Tax File Number	<input type="text"/>
ABN	<input type="text"/>		

Company Type/Entity Type

Public
 Proprietary
 Association
 Partnership

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/Partners (as applicable)

1	<input type="text"/>	Residential Address	<input type="text"/>
2	<input type="text"/>	Residential Address	<input type="text"/>
3	<input type="text"/>	Residential Address	<input type="text"/>
4	<input type="text"/>	Residential Address	<input type="text"/>

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 Treasurer

Full Name – Chair

Full Name – Secretary

Full Name – Treasurer

Member name (Unincorporated Association) Please also complete information in section 1 for Individual Member'.

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SELF MANAGED SUPER FUND, TRUST OR OTHER ENTITY DETAILS

3.1 TRUST/SMSF DETAILS/SOLE TRADING NAME

Full Name

Registered Business Name (if different from Full Name otherwise specify 'As above').

ACN	<input type="text"/>	Tax File Number	<input type="text"/>
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ABN	<input type="text"/>		
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Country of Establishment

Type of Trust

Super Fund
 Family Trust
 Unit Trust
 Other (Please specify)

*Please also complete Section 1 for Individual details/Partner details (1 Partner only) or Section 2 for Corporate Trustee details.

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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)

<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Class
Full Name (s) of Beneficiaries	Details of Class
<input type="text"/>	<input type="text"/>
Full Name (s) of Beneficiaries	Details of Class
<input type="text"/>	<input type="text"/>
Full Name (s) of Beneficiaries	Details of Class
<input type="text"/>	<input type="text"/>
Full Name (s) of Beneficiaries	Details of Class
<input type="text"/>	<input type="text"/>

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)

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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)

Post Code

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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

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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.

Signature
(Individual A)

Name

Position

Sole Director

Date

Please note all signatures must be dated

Signature
(Individual B)

Name

Position

Date

Please note all signatures must be dated

Signature
(Individual C)

Name

Position

Date

Please note all signatures must be dated

Account Signing Instructions

Any One to sign

All to sign

Other (Please specify):

***If you do not tick a box 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.

IDENTIFICATION GUIDE

CUSTOMER TYPE: CERTIFIED COPIES OF ORIGINAL DOCUMENTATION REQUIRED:*

<p>An Individual or sole trader, third party agent and Beneficial Owners</p>	<ul style="list-style-type: none"> • Australian drivers licence; or • Australian Passport; or • Card issued under a law of a State or Territory containing a photo and date of birth <p>If you cannot satisfy the above, then:</p> <ul style="list-style-type: none"> • Australian Birth Certificate; or • Australian citizenship certificate; or • Pension card issued by Centrelink; or • Health card issued by Centrelink <p>And</p> <ul style="list-style-type: none"> • An original notice issued by Commonwealth, State, Territory or a Local Government Body containing your name and residential address. <p><i>Foreign issued non-Australian identification documents are not acceptable</i></p>
<p>A Company</p>	<ul style="list-style-type: none"> • A copy of the ASIC database search showing company officers and shareholders <p>And</p> <ul style="list-style-type: none"> • Identification as required for 'An Individual' for all account signatories
<p>Trusts & Trustees (e.g. Superannuation fund)</p>	<ul style="list-style-type: none"> • A copy of the Trust Deed <p>And</p> <ul style="list-style-type: none"> • A search of the relevant ASIC or other regulators database <p>And</p> <ul style="list-style-type: none"> • Identification as required for: <ul style="list-style-type: none"> • Individual Trustee/s (refer to 'An Individual'); or • Corporate Trustee (refer to 'A Company') – not required for SMSF corporate Trustees
<p>A Partnership</p>	<ul style="list-style-type: none"> • Partnership Agreement <p>And</p> <ul style="list-style-type: none"> • 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 <p>And</p> <ul style="list-style-type: none"> • Identification as required for 'An Individual' for all account signatories
<p>An Incorporated Association</p>	<ul style="list-style-type: none"> • Certificate of Incorporation ; or • Signed meeting minutes showing which officers can operate the account <p>And</p> <ul style="list-style-type: none"> • 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 <p>And</p> <ul style="list-style-type: none"> • Identification as required for 'An Individual' for all account signatories
<p>An Unincorporated Association & Registered Co-Operatives</p>	<ul style="list-style-type: none"> • Signed meeting minutes showing which officers can operate the account <p>And</p> <ul style="list-style-type: none"> • An original or certified copy of the Constitution or Rules of the association; or • Identification as required for 'An Individual' for all account signatories
<p>A Deceased Estate</p>	<ul style="list-style-type: none"> • A certified copy of the grant of probate or Letters of Administration <p>And</p> <ul style="list-style-type: none"> • Identification as required for 'An Individual' for all Executors and/or account signatories

*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.