

BOQ Money Market Deposit Accounts Managed by DDH Graham Limited

Application Form



Please complete form in BLACK INK using CAPITAL letters.

ADVISER USE

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.

					Company Nai	me		
Contact Details								
Phone	()					D	-l Defenses	
Email Address						BIG	oker Reference	
CUSTOMER TYI	PE (Please	tick relevant	customer ty	pe)				
INDIVIDUAL								
		e form, relevan	t information i	n 5-11				
SOLE TRADE → complete s		elevant inform	ation in sectior	ns 3.1 - 1 1				
	OMPANY TRU							
→ complete s	ection 2.1 and	d 2.2 , section 1	for 2 signing	Directors	and relevant in	formation in	sections 4-11	
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PARTNERSH			,					
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Member name (Unincorporated Association) Please also complete information in section 1 for Individual Member'.		•							
	Full Name – Trea	surer							
SELF MANAGED SUPER FUND, TRUST OR OTHER ENTITY DETAILS	Member name (Unincorporated Ass	ociation) Please	also comple	te information in	section 1 for Indivi	dual Memb	er'.	
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ABN 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.

9	0.0 December 2010 (2010)		
3	3.2 Beneficiaries/Class Details (as applicable)	,	
	Please collect the full name of each beneficiary or details of the class as per		
	Beneficiaries	Class	
	Full Name (s) of Beneficiaries	Details of Class	
	F. H. M. and A. A. F. David C. College	Data Haraf Oliver	
	Full Name (s) of Beneficiaries	Details of Class	
		5	
	Full Name (s) of Beneficiaries	Details of Class	
	Full Name (s) of Beneficiaries	Details of Class	
	3.3 Beneficial owner details		
	Appointer Principal Guardian Other (please speci	fy)	
	Full Name of Appointor/Principal/Guardian (as applicable)		
	The beneficial owner of a trust is the individual/s who control the trust such as	s the nerson who holds the nowe	r to annoint or remove trustees
	This is usually an Appointor/Principal/Guardian but refer to Trust Deed to cont	firm.	to appoint of remove trastees.
	Details of Settlor (where initial contribution is more than \$10,000 and not dec	eased)	
	Full Name (s)		
4			
4	BENEFICIAL OWNERSHIP – ALL ENTITIES OTHER THAN TRUSTS		
	Please provide details of all shareholders and/ or controlling persons who own 25% or more owns 25% or more of the entity or who exercise 25% or more of voting rights, please provid	e the details of the individual/s who exe	ercise control of the entity through the
	capacity to determine decisions about financial and operational policies. (This individual ma	y be the Chief Executive Officer and/ of	r the Chief Financial Officer).
	Full Name (s)		
	Date of Birth		
	Residential Address (PO Box is not acceptable)		
			Post Code
	Full Name (s)		
	Date of Birth		
	Residential Address (PO Box is not acceptable)		
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	Full Name (s)		
	Date of Birth		
	Residential Address (PO Box is not acceptable)		
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	Full Name (s)		
	Date of Birth		
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	Residential Address (PO Box is not acceptable)		

30 November, 2015 / V1

Post Code

ACCOUNT DESCRIP	TION							
*An account description is	or your own accoun	it reference. Foi	r example 'Holi	day Accou	nt'			
ACCOUNT INFORMA	TION							
Postal Address for this				_				_
1 ootal Address for tills	looduiit							
							Post Code	
Statements & Commun								
Please specify the frequence			selection is ma	ade, staten	nents will be issued	quarterly):		
Quarterly	Semi-ar	•						
Please tick this box	if you prefer corr	espondence v	via Online Sei	rvices				
Call Accounts								
Initial Investment Amou	nt \$							
Term Deposit								
Initial Investment Amou	nt \$				Term			
Maturity Date	1	/	/		Interest Rate		%	
Initial Deposit to be Ma	-							
Cheque attached (F		ies payable to	BOQ Money	Market I	Deposit Account -	- insert account n	ame)	
Electronic Funds Ti								
Via Direct Debit fro that is no more tha								
Source of Funds	i o monuis olu al	ια τιι σχαστίγ τ	ne same nan	it aiiu au	uioriseu by aii rei	evani account no	iuers).	
Superannuation	Savings	Salary	,	Other (p	lease specify)			
Interest Instructions								
Reinvest	Credit to the	Pre-Nominat	ted Account b	elow				
Pre-Nominated Accoun								
If you wish to have inter	est or withdrawals	credited to y	our bank, bu	ilding soo	eiety or credit unio	on account, please	e provide the following i	nformati
Bank, building society o	credit union nam	ne						
Account name								
Branch number (BSB)			Account r	number /	membership num	nber		
Additional Nominated A	ccount							
Bank, building society o	r credit union nam	ne						
Account name				,				
Branch number (BSB)			Account r	number /	membership num	nber		
Cheque & Deposit Bool								
I would like a depo								
I would like a cheq	ie book for my Ca	III Account				25 cheques	50 cheques 2	200 ched
I would like a cheq	ue book for my Ca	II Account	SIGNATOR	Υ		25 cheques	50 cheques	200 che
If you would like to app behalf, you will need to	oint an individual	as your Auth	horised Signa	atory to d				
I appoint as my Authorised Signa								Name/s)
I release the Bank and or DDH make or action	DDH from, and in	demnify the	Bank and DE)H again:	st, all losses and	liabilities arisin		at the B
						is anu conditions	to the Account.	
All account applicants	nust sign this sec	ction where a	ın appointme		-			
Customer Name				Cı	stomer Name			
Customer Signature				Cı	stomer Signature	:		
Date				Da	te			

	Any individual Authorised Signatory which you appoint must sign below. By signing in this section the Authorised Signatory agrees to be bound by the terms and conditions of the BOQ Money Market Deposit Account.
	Certified ID must be supplied by all Authorised Signatories appointed in this section.
	Signature of Authorised Signatory
	(Full Name/s)
	accept appointment as an Authorised Signatory to this account and agree that I am bound by the terms and conditions of the BOQ Money Marke Deposit Account as though I am the holder of the Account.
	By signing this form I agree to indemnify and save the Bank and DDH from and against any claim, loss, demand or damage sustained or incurred by the Bank directly or indirectly consequential on the Bank or DDH acting on instructions given by me which are outside the authority conferred or me by the holder of the BOQ Money Market Deposit Account(s).
	Signature
	Full Name
	Relationship
	Date
	Address (PO Box is not acceptable)
	Post Code Post Code
8	PPOINTING A FINANCIAL ADVISER/STOCKBROKER/PROFESSIONAL ADVISER TO OPERATE YOUR ACCOUNT
	You can appoint your adviser/stockbroker or professional adviser company or firm to operate your BOQ Money Market Deposit Account by completing this section. When you appoint your adviser/stockbroker or professional adviser company or firm to operate your Account, any representative of that company or firm, can act as an Authorised Signatory to your account, provided they are registered with DDH as an Authorised Signatory for that company or firm. You can specify the level of authority you wish to give your adviser/stockbroker or professional adviser company or firm by indicating in the boxed below. If no election is made, your adviser/stockbroker/professional adviser will be provided with Standard Adviser Authority. Refer to the terms and conditions document for full information on each level of authority. [Entity Name]
	to operate my BOQ Money Market Deposit Account on my behalf in accordance with the following level of authority:
	Standard Adviser Authority Fee Authority Tax Authority Enquiry Authority Full Authority
	I release the Bank and DDH from, and indemnify the Bank and DDH against, all losses and liabilities arising from any payment that the Bank or DDH make or action the Bank or DDH take in accordance with this authority. All account applicants must sign this section where an appointment is being made.
	Customer Name Customer Name
	Customer Signature Customer Signature
	Date Date
9	DVISER REMUNERATION
	Wholesale Client Commission Amount : %
	Ongoing Adviser Service Fee DDH is authorised, on behalf of the AFS licensed financial institution, to collect Adviser Servicing Fees from this Account on behalf of the Licensed and remit this amount in consideration of financial advice provided by its representative or authorised representative. This fee will be deducted from the account as either a reduction in the interest rate payable, or a flat dollar amount as specified below (GST inclusive):
	Adviser Servicing Fee
	Signature (Individual A) Signature (Individual B)
	Name Name

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.

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.

	nature lividual A)								
Nan	пе								
Pos	ition								Sole Director
Date	е								
Sign (Ind	nature lividual B)								
Nan	пе								
Pos	ition								
Date	е								
	nature lividual C)								
Nan	пе								
Pos	ition								
Date	е								
Acc	ount Signing I	Instructio	ons						
	Anyone to sig	gn		All to sign	Other (Please specify):				

If you do not tick a box we will assume either 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:*
An Individual or sole trader 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
	Identification as required for 'An Individual' for all account signatories
Trusts & Trustees (e.g. Superannuation fund)	A copy of the Trust Deed And
	 A notice (such as a notice of assessment) issued by the Australian Taxation Office in the past 12 months; or A letter from a solicitor or qualified accountant verifying the name of the Trust; or A search of the relevant ASIC or other regulators database 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 Identification 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	Signed meeting minutes showing which officers can operate the account
	 And An original or certified copy of the Constitution or Rules of the association 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
	 And 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.