



# Appointing / Changing a Financial Adviser

Please complete form in BLACK INK using CAPITAL letters.

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## ACCOUNT DETAILS

Note: Where we do not hold identification for the client we may be required to re-collect identification documents when a change of adviser is taking place.

Full account name

Account number

Postal address

Post code

Phone (business hours)

Mobile

Phone (after hours)

Fax

Email address

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## YOUR FINANCIAL ADVISER'S DETAILS

Financial Adviser name

Company name

Company address

Post code

Contact name

Phone (business hours)

Mobile

Fax

Email address

# 3

## YOUR FINANCIAL ADVISER'S LEVEL OF AUTHORITY

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 boxes 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.

Please elect the level of authority:

Full Authority to Operate your Account

**Full Authority** enables withdrawal access to your account and making changes to your account, including closing your account. You are liable for all transactions incurred by that company or firm using your Account.

**OR**

Fee Authority

Tax Authority

Standard/Enquiry (including term deposit instructions)

Adviser's signature

Name

Date



Adviser's signature

Name

Date



# 4

## DECLARATION AND SIGNATURE OF ACCOUNT HOLDER/S

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 and confirm that 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 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.**

**Please note this authority will automatically revoke any existing authority with another Financial Adviser or Broker**

Signature

Name

Date



Individual  Director  Sole Director

Other (please specify)

Signature

Name

Date



Individual  Director

Other (please specify)