



# APPLICATION FORM

Existing Bank of Queensland Money Market Account No:

ADVISER'S STAMP

Adviser Code:

Adviser Name:

Adviser Firm:

Commission Rate:

Account Name:

Investor Type:

## Applicant 1

Title  
Given Names  
Surname  
Mother Maiden Name  
Occupation

  
  
  
  

Tax File No  
Exemption Reason  
DOB  
Position

  
  
  

## Applicant 2

Title  
Given Names  
Surname  
Mother Maiden Name  
Occupation

  
  
  
  

Tax File No  
Exemption Reason  
DOB  
Position

  
  
  

## Applicant 3

Title  
Given Names  
Surname  
Mother Maiden Name  
Occupation

  
  
  
  

Tax File No  
Exemption Reason  
DOB  
Position

  
  
  

Company or Organisation Name (Including Trustee Company)

ACN

Trust / Partnership / Super Fund Name

ABN

Account Designation

TFN



## APPLICATION FORM CONTINUED...

### Contact Details

Name	
Phone	
Mobile	
Fax	
Email	

### Residential Address

Street Address		
Suburb / City		
State		Postcode
Country		

### Postal Address

If the same as above, please tick this box <input type="checkbox"/>		
Firm (if applicable)		
Postal Address		
Suburb / City		
State		Postcode
Country		

### 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. If you would also like to authorise Australian Money Market (AMM) to affect Direct Debits from your external account(s), please fill in the DIRECT DEBIT REQUEST FORM on page 4.

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

### Adviser Authority and Signature(s)

If you would like to give access to your 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, DDH Graham Limited or Bank of Queensland from time to time.



## APPLICATION FORM CONTINUED...

### Authority to Act

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

- apply for, open and operate new bank accounts with any chosen financial institution, or any other investments;
- 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
- instruct in relation to rollovers, maturities, transfer requests of existing investments;
- advise of changes to my/our contact details as advised from time to time;
- 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.

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 Money Market 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 at any time, provided any person relying on this power of attorney shall have full rights to accept the authority of my solicitor until in receipt of actual notice of revocation.

### 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 AMM and agree to be bound by them.

- I/We authorise DDH Graham Limited, in its capacity as agent of the Bank of Queensland Limited, to perform those functions, powers and actions set out in those terms and conditions.
- I/we consent to Australian Money Market Pty Ltd, DDH Graham Limited or the Bank of Queensland Limited recording our telephone calls to them pursuant to those terms and conditions.
- 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(s) / Company Secretary

Signature:	Title (if Company)	
Name:	Date:	

☐ If signing as a sole director and sole secretary, please check this box

#### 2nd Individual Applicant or Director(s) / Company Secretary

Signature:	Title (if Company)	
Name:	Date:	

#### 3rd Individual Applicant

Signature:	Title (if Company)	
Name:	Date:	



# DDH GRAHAM LIMITED ACCOUNT LINKING FORM



Your own personal bank



Account Name:

I/We request and authorise DDH Graham Limited ABN 28 010 639 219 (User Id Number 346713) to arrange, through its own financial institution, for any amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User for credit of my Bank of Queensland Money Market Deposit Account, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instruction provided below.

	Option 1	Option 2	Option 3
Financial Institution Name			
BSB			
Account Number			
Initial Amount (\$)			

## Payment Details

☒ I/We request DDH Graham Limited ABN 28 010 639 219 to draw the following initial investment amount from my/our account as nominated above.

☒ I/We authorise DDH Graham Limited ABN 28 010 639 219 to draw any subsequent amount as requested through my login with [www.moneymarket.com.au](http://www.moneymarket.com.au) or otherwise instructed via Australian Money Market Pty Ltd.

## Acknowledgement and Signatures

By signing the Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and DDH Graham Limited as set out in this Request and in your Direct Debit Request Service Agreement.

### 1st Individual Applicant or Director(s) / Company Secretary

Signature:		Title (if Company)	
Name:		Date:	

☐ If signing as a sole director and sole secretary, please check this box

### 2nd Individual Applicant or Director(s) / Company Secretary

Signature:		Title (if Company)	
Name:		Date:	

### 3rd Individual Applicant

Signature:		Title (if Company)	
Name:		Date:	

[www.moneymarket.com.au](http://www.moneymarket.com.au)

Australian Money Market

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