

APPLICATION FORM

Hub Account Bank:	<input type="text"/>	Hub Account Number:	<input type="text"/>
Adviser Code:	<input type="text"/>		
Adviser Name:	<input type="text"/>		
Adviser Firm:	<input type="text"/>		
Commission Rate:	<input type="text"/>		

Account Name:	<input type="text"/>
Investor Type:	<input type="text"/>

Applicant 1

Title	<input type="text"/>	Tax File No	<input type="text"/>
Given Names	<input type="text"/>	Exemption Reason	<input type="text"/>
Surname	<input type="text"/>	DOB	<input type="text"/>
Mother Maiden Name	<input type="text"/>	Position	<input type="text"/>
Occupation	<input type="text"/>		

Applicant 2

Title	<input type="text"/>	Tax File No	<input type="text"/>
Given Names	<input type="text"/>	Exemption Reason	<input type="text"/>
Surname	<input type="text"/>	DOB	<input type="text"/>
Mother Maiden Name	<input type="text"/>	Position	<input type="text"/>
Occupation	<input type="text"/>		

Applicant 3

Title	<input type="text"/>	Tax File No	<input type="text"/>
Given Names	<input type="text"/>	Exemption Reason	<input type="text"/>
Surname	<input type="text"/>	DOB	<input type="text"/>
Mother Maiden Name	<input type="text"/>	Position	<input type="text"/>
Occupation	<input type="text"/>		

Company or Organisation Name (Including Trustee Company)	<input type="text"/>	ACN	<input type="text"/>
Trust / Partnership / Super Fund Name	<input type="text"/>	ABN	<input type="text"/>
Account Designation	<input type="text"/>	TFN	<input type="text"/>

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

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.

	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.

APPLICATION FORM CONTINUED...

Authority to Act

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

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

Australian MoneyMarket 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 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:	

DIRECT DEBIT ACCOUNT LINKING FORM

Account Name:

I/We request and authorise Australian Moneymarket Pty Ltd ABN 56 126 032 755 to arrange for any instructed amount to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below for credit of my Bankwest Cash Management Account, subject to the terms and conditions listed below.

I/We request Australian Moneymarket Pty Ltd to draw the following initial investment amount from my/our account as nominated below. Furthermore, I/we authorise Australian Moneymarket Pty Ltd to draw any subsequent amount as requested through my login with www.moneymarket.com.au or otherwise instructed.

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

Terms and Conditions

- Australian Moneymarket Pty Ltd ABN 56 126 032 755 will initiate direct debit payments on behalf of Bankwest, a division of Commonwealth Bank of Australia ABN 48 123 123 124 AFSL/Australian credit licence 234945 (Bankwest) as Debit User, in the manner instructed by the client.
- Debit payments will be made when due, we will not issue individual confirmation of payments made.
- Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, the client should check with the financial institution before completing the Direct Debit Account Linking Form.
- The client should ensure that the account details given on the form are correct by checking them against a recent statement from the financial institution at which the account is held.
- By signing this Direct Debit Account Linking Form, the client warrants and represents that they are duly authorised to request the debiting of payments from the account described on the form.
- It is the client's responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Account Linking Form or subsequent instruction.
- If a debit payment is returned unpaid, Bankwest may charge the client a fee for each unpaid item.
- Except where the account or Product Information Statement permit disclosure, and except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required or permitted by law, we will keep details of the client's account and debit payments confidential.
- I/we understand to allow 3 working days for the funds to be cleared when received into the BWA Cash Management Account.
- Bankwest may at its discretion impose a limit on the amount that can be nominated for a direct debit.

Acknowledgement and Signatures

By signing this form you acknowledge having read the terms and conditions governing the Direct Debit arrangements between you and Australian Money Market Pty Ltd

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

Signature:	
Name:	
Title (if Company)	
Date:	

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

Signature:	
Name:	
Title (if Company)	
Date:	

3rd Individual Applicant

Signature:	
Name:	
Title (if Company)	
Date:	

4th Individual Applicant

Signature:	
Name:	
Title (if Company)	
Date:	