



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**
↳ complete section 1 of the form, relevant information in 5-11
- SOLE TRADER**
↳ complete section 1 and relevant information in sections 3.1 - 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

1

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)

Email Address Post Code

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, and 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, and 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

Enquiries 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, and 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.

2

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

2.1 Entity Details

Full Name

ACN

Tax File Number

ABN

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

3

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

Tax File Number

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.

3

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)

Beneficiaries

Full Name (s) of Beneficiaries

Full Name (s) of Beneficiaries

Full Name (s) of Beneficiaries

Full Name (s) of Beneficiaries

Class

Details of Class

Details of Class

Details of Class

Details of Class

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)

4

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

Residential Address (PO Box is not acceptable)

Post Code

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)

Post Code

Full Name (s)

Date of Birth

Residential Address (PO Box is not acceptable)

Post Code

5

ACCOUNT DESCRIPTION

*An account description is for your own account reference. For example 'Holiday Account'

6

ACCOUNT INFORMATION**Postal Address for this Account**

 Post Code
Statements & Communications

Please specify the frequency for your Account statement (if no selection is made, statements will be issued quarterly):

Quarterly Semi-annually
 Please tick this box if you prefer correspondence via Online Services

Call Accounts

Initial Investment Amount \$

Term Deposit

Initial Investment Amount \$ Term
 Maturity Date / / Interest Rate %

Initial Deposit to be Made By

Cheque attached (Please make cheques payable to BOQ Money Market Deposit Account – insert account name)
 Electronic Funds Transfer (EFT)
 Via Direct Debit from the Pre-Nominated Account listed below. *(You must include a statement of the account to be debited that is no more than 6 months old and in exactly the same name and authorised by all relevant account holders).*

Source of Funds

Superannuation Savings Salary Other (please specify)

Interest Instructions

Reinvest Credit to the Pre-Nominated Account below

Pre-Nominated Account

If you wish to have interest or withdrawals credited to your bank, building society or credit union account, please provide the following information:

Bank, building society or credit union name
 Account name
 Branch number (BSB) / Account number / membership number

Additional Nominated Account

Bank, building society or credit union name
 Account name
 Branch number (BSB) / Account number / membership number

Cheque & Deposit Books

I would like a deposit book for my Call Account
 I would like a cheque book for my Call Account 25 cheques 50 cheques 200 cheques

7

APPOINTING AN INDIVIDUAL AUTHORISED SIGNATORY

If you would like to appoint an individual as your Authorised Signatory to operate your BOQ Money Market Deposit Account (**Account**) on your behalf, you will need to complete the following section of this form and arrange for the Authorised Signatory/ies to sign in the space provided.

I appoint (Full Name/s)

as my Authorised Signatory/ies to operate my Account at a **Full Authority Level**, on my behalf.

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 and the terms and conditions to the Account.

Customer Name	<input type="text"/>	Customer Name	<input type="text"/>
Customer Signature	<input type="text"/>	Customer Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

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.

Signature of Authorised Signatory

I (Full Name/s)

accept appoint as an Authorised Signatory to this account and agree that I am bound by the terms and conditions of the BOQ Money Market 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 on me by the holder of the BOQ Money Market Deposit Account(s).

Signature	<input type="text"/>
Full Name	<input type="text"/>
Relationship	<input type="text"/>
Date	<input type="text"/>

Address (**PO Box is not acceptable**)

<input type="text"/>	Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-----------	----------------------	----------------------	----------------------	----------------------

8

APPOINTING 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 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.

I appoint (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.

Customer Name	<input type="text"/>	Customer Name	<input type="text"/>
Customer Signature	<input type="text"/>	Customer Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

9

ADVISER 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 Licensee 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	<input type="text"/> %	Adviser Servicing Fee	\$ <input type="text"/>	Frequency	<input type="text"/>
Signature (Individual A)	<input type="text"/>	Signature (Individual B)	<input type="text"/>		
Name	<input type="text"/>	Name	<input type="text"/>		

10

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

11

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

Signature (Individual B)

Name

Position

Date

Signature (Individual C)

Name

Position

Date

Account Signing Instructions

Anyone to sign 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	<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>
A Company	<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
Trusts & Trustees (e.g. Superannuation fund)	<ul style="list-style-type: none"> • A copy of the Trust Deed <p>And</p> <ul style="list-style-type: none"> • 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: <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
A Partnership	<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 • Identification as required for 'An Individual' for all account signatories
An Incorporated Association	<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
An Unincorporated Association	<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 • Identification as required for 'An Individual' for all account signatories
A Deceased Estate	<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.