



# 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  Adviser Company Name

**Contact Details**

Phone ( )

Email Address  Broker Reference

## CUSTOMER TYPE (Please tick relevant customer type)

**INDIVIDUAL/JOINT**  
↳ complete section 1 of the form and relevant information in 5-11

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

**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

Are you known by any other names?  Yes  No If yes, please specify  Date of Birth

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 10).

Citizenship (if not Australian)  Residencies (if not Australia)

Tax File Number  OR Reason for Exemption

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.

Residential Address (PO Box is not acceptable)

Post Code

Email Address

Phone (business hours) ( )  Mobile

Occupation

**Online Services**  
If no selection is made, you will be issued Enquiry Access only

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. Provide the current username:

# 1

## INDIVIDUALS (CONT)

### 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 \_\_\_\_\_

Are you known by any other names?  Yes  No If yes, please specify \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 10).

Citizenship (if not Australian) \_\_\_\_\_ Residencies (if not Australia) \_\_\_\_\_

Tax File Number \_\_\_\_\_ OR Reason for Exemption \_\_\_\_\_

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.

Residential Address (**PO Box is not acceptable**) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (business hours) \_\_\_\_\_ Mobile \_\_\_\_\_

( ) \_\_\_\_\_

Occupation \_\_\_\_\_

### Online Services

If no selection is made, you will be issued Enquiry Access only

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. Provide the current username: \_\_\_\_\_

### 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 \_\_\_\_\_

Are you known by any other names?  Yes  No If yes, please specify \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 10).

Citizenship (if not Australian) \_\_\_\_\_ Residencies (if not Australia) \_\_\_\_\_

Tax File Number \_\_\_\_\_ OR Reason for Exemption \_\_\_\_\_

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.

Residential Address (**PO Box is not acceptable**) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone (business hours) \_\_\_\_\_ Mobile \_\_\_\_\_

( ) \_\_\_\_\_

Occupation \_\_\_\_\_

### Online Services

If no selection is made, you will be issued Enquiry Access only

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. Provide the current username: \_\_\_\_\_

**2.1 ENTITY DETAILS**

Full Name	<input type="text"/>	Full Business Name	<input type="text"/>
ACN	<input type="text"/>	Tax File Number	<input type="text"/>
ABN	<input type="text"/>		

**Company Type/Entity Type**

Public  
 Proprietary  
 Association    Unique Identifying Number      
 Partnership

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

Post Code   

Principal Place of Business/Agent Address/Administration Address (as applicable)     Same as Registered Address

Post Code   

**2.2 OVERSEAS TAX STATUS**

Is the entity a tax resident of any other country outside Australia?     Yes     No

Country of Incorporation   

Foreign Tax Jurisdiction   

Tax Identification Number (TIN)   

**Reason if no TIN provided (please tick one)**

Foreign TIN not issued by this country     Foreign TIN pending issue by the country's tax authority

Is the primary activity investing?     Yes     No

If the entity's primary activity is investing and any controlling person has an overseas tax status, please supply additional details in section 10. Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.

**2.3 PROPRIETARY COMPANIES AND PARTNERSHIPS****Full Names and residential address of Pty Company Directors/Partners/Company Secretaries (as applicable)**

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

Please add any additional director/partner by way of an attachment to this form.

**2.4 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.**

**3.1 TRUST/SMSF DETAILS/SOLE TRADING NAME**Full Name Registered Business Name (if different from Full Name otherwise specify 'As above').  
Trust Execution Date ABN Tax File Number Country of Establishment Nature of business activities **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.****3.2 OVERSEAS TAX STATUS (NOT REQUIRED FOR COMPLYING SMSFs)**Is the entity a tax resident of any other country outside Australia?  Yes  NoForeign Tax Jurisdiction Tax Identification Number (TIN) 

Reason if no TIN provided (please tick one)

 Foreign TIN not issued by this country  Foreign TIN pending issued by the country's tax authorityIs the primary activity investing?  Yes  NoIf the entity's primary activity is investing and any beneficial owner has an overseas tax status, please supply additional details in section 10.  
Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.**3.3 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 ClassFull Name (s) of Beneficiaries Details of Class Full Name (s) of Beneficiaries Details of Class Full Name (s) of Beneficiaries Details of Class Full Name (s) of Beneficiaries Details of Class **3.4 BENEFICIAL OWNER DETAILS (NOT REQUIRED FOR COMPLYING SMSFs)** 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.****3.5 DETAILS OF SETTLOR (NOT REQUIRED FOR COMPLYING SMSFs)**Full Name (s) Date of Birth \*  I have an overseas tax statusResidential Address \* Foreign Tax Jurisdiction Tax Identification Number (TIN) 

Reason if no TIN provided (please tick one)

 Foreign TIN not issued by this country  Individual is under age  Foreign TIN pending issue by the country's tax authority

Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.

\* Date of birth and address of settlor only required if the settlor has an overseas tax status.

# 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).

For Associations, if you cannot identify a beneficial owner based on voting rights, you will need to identify any individual who would be entitled to 25% or more of the cooperative if it were dissolved.

If the entity's primary activity is investing and any controlling person has an overseas tax status, please supply additional details in section 10.

Full Name (s)

Date of Birth

 /  / 

OR Same as Individual A

Residential Address (PO Box is not acceptable)

Post Code

Full Name (s)

Date of Birth

 /  / 

OR Same as Individual B

Residential Address (PO Box is not acceptable)

Post Code

Full Name (s)

Date of Birth

 /  / 

OR Same as Individual C

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

[Address Line 1]			
[Address Line 2]			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 Prenominated 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) [ ]

### Source of Wealth (refer to the guide at the end of this Application)

[ ]

### Interest Instructions

Reinvest       Credit to the Prenominated Account below

### Prenominated 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

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## APPOINTING AN INDIVIDUAL AUTHORISED SIGNATORY

Complete this section where you are appointing an authorised signatory on your account, other than your financial adviser.

I appoint the following individual as my Authorised Signatory to operate my Account at **Full Authority Level**, on my behalf.

Mr  Mrs  Miss  Ms  Dr  Other:

First Name (s)

Middle Name (s)

Surname

Residential Address (PO Box is not acceptable)

Post Code

Email Address

Phone (business hours)

Mobile

### Authorised Signatory Declaration

I accept the appointment 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

### Customer Authorisation

To the extent permitted by law, 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

Customer Name

Customer Signature

Customer Signature

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## 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:

Full Authority  Standard Adviser Authority  Fee Authority  Tax Authority  Enquiry Authority

**To the extent permitted by law, 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

Customer Name

Customer Signature

Customer Signature

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## 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 %

Adviser Servicing Fee \$

Frequency

Start date

Signature (Individual A)

Signature (Individual B)

Name

Name

# 10

## DECLARATION OF OVERSEAS TAX STATUS FOR INDIVIDUALS/BENEFICIAL OWNERS (NOT REQUIRED FOR COMPLYING SMSFs)

Please complete this section if an individual or beneficial owner\* that are party to this application has an overseas tax status.

If the Individual is a tax resident of any other country outside of Australia, please indicate the country(ies) in which they are a resident for tax purposes and each country's associated Tax Identification Number (TIN).

If a TIN is not available, please tick the appropriate reason.

Name

Date of Birth  /  /

Address

Foreign Tax Jurisdiction

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country  Individual is under age  Foreign TIN pending issue by the country's tax authority

Name

Date of Birth  /  /

Address

Foreign Tax Jurisdiction

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country  Individual is under age  Foreign TIN pending issue by the country's tax authority

Name

Date of Birth  /  /

Address

Foreign Tax Jurisdiction

Tax Identification Number (TIN)

Reason if no TIN provided (please tick one)

Foreign TIN not issued by this country  Individual is under age  Foreign TIN pending issue by the country's tax authority

- \* A beneficial owner is any individual who has control (direct or indirectly) of an entity. Control includes the capacity to influence the way the entity conducts its affairs through trusts, formal or informal agreements, arrangements, understandings and practices:
- For companies, where an individual owns 25% or more (directly or indirectly) or has control (directly or indirectly) of the company.
  - For partnerships this includes but is not limited to partners who hold 25% or more beneficial interest in the partnership.
  - For unincorporated/incorporated association/cooperative entity this includes but is not limited to the Chairman (or equivalent), Secretary or Treasurer who holds 25% or more beneficial interest in the entity.
  - For trusts this includes all beneficiaries and the appointer who has the power to appoint or remove trustees of the trust.

Note: if there is insufficient space to complete this section, please photocopy this section to provide additional details.



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.

Under the AML/CTF Act, DDH Graham Limited and Bank of Queensland Limited ("we" or us") can disclose your name, residential address and date of birth to a Credit Reporting Body ("CRB"). The purpose of the disclosure is to assess whether your personal information disclosed, matches (in whole or part) personal information held in the records of the CRB (if any). This process helps us to verify your identity. The CRB may prepare and provide us with an assessment by using the personal information about you and the names, residential address and dates of birth contained in its records about other individuals. Additionally, documents you have provided us as evidence of your identity, such as: passports, driver's licenses and Medicare cards will be matched against the records of the relevant government agency. If you do not consent to us verifying your identity by electronic verification, we will provide you with an alternative verification process. If this is the case, please contact DDH Graham on 1800 006 133. By signing this application below you consent to the use of electronic verification.

I/We declare that the tax residency statements made in this application (sections 1, 2, 3 and 10) are to the best of my/our knowledge and belief, correct and complete. I undertake to advise DDH Graham Limited of any change in circumstances which affects the tax residency status declared above, or causes the information contained in sections 1, 2, 3 or 10 to become incorrect or incomplete. I undertake to provide DDH Graham Limited with an updated self-certification and declaration of such change in circumstance.

In addition, I/we have no knowledge or reason to believe that the settlor and/or beneficiaries (unless referenced in 3.3 and/or section 10) are foreign tax residents in the trust deed detailed in section 3.1 of this application form. I/we declare that I/we have made reasonable enquiry as to the trust settlor and/or beneficiaries tax residency where I/we had no or little knowledge of their residency.

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](http://www.ddhgraham.com.au) and [www.boq.com.au](http://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)	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/> Sole Director
Date	<input type="text"/> <i>Please note all signatures must be dated</i>
Signature (Individual B)	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/> <i>Please note all signatures must be dated</i>
Signature (Individual C)	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>
Date	<input type="text"/> <i>Please note all signatures must be dated</i>

**Account Signing Instructions**

Any One to sign   
  All to sign   
  Other (Please specify):

**\*If you do not tick a box we will assume any one party is to sign. Where a pre-nominated or an additional nominated account has been provided for your Account, it will be deemed that any one party can instruct electronic fund transfers via telephone or enact Online Services transactions in accordance with the registration nomination when applying for Online Services. Written instructions will need to be provided in accordance with the account signing instructions for all other transactions.**

## IDENTIFICATION GUIDE

CUSTOMER TYPE:	CERTIFIED COPIES OF ORIGINAL DOCUMENTATION REQUIRED:*
An Individual or sole trader, third party agent and Beneficial Owners	<ul style="list-style-type: none"> <li>• Australian or New Zealand* drivers licence; or</li> <li>• Australian or New Zealand* Passport; or</li> <li>• Card issued under a law of a State or Territory containing a photo and date of birth</li> </ul> <p><b>If you cannot satisfy the above, then:</b></p> <ul style="list-style-type: none"> <li>• Australian Birth Certificate; or</li> <li>• Australian citizenship certificate; or</li> <li>• Pension card issued by Centrelink; or</li> <li>• Health card issued by Centrelink</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• An original notice issued by Commonwealth, State, Territory or a Local Government Body containing your name and residential address.</li> </ul> <p><i>New Zealand citizens must reside in Australia at the time of Account opening</i></p>
A Company	<ul style="list-style-type: none"> <li>• A copy of the ASIC database search showing company officers and shareholders<sup>+</sup></li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for 'An Individual' for all account signatories and beneficial owners</li> </ul>
Trusts & Trustees (e.g. Superannuation fund)	<ul style="list-style-type: none"> <li>• A copy of the Trust Deed</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• A search of the relevant ASIC or other regulators database</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for:             <ul style="list-style-type: none"> <li>• Individual Trustee/s (refer to 'An Individual'); or</li> <li>• Corporate Trustee (refer to 'A Company') – not required for SMSF corporate Trustees</li> </ul> </li> </ul>
A Partnership	<ul style="list-style-type: none"> <li>• Partnership Agreement</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Minutes of a Partnership Agreement; or</li> <li>• Membership details of a relevant professional association; or</li> <li>• A search of the relevant ASIC or other regulators database; or</li> <li>• A notice issued by the ATO within the last 12 months</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for 'An Individual' for all account signatories</li> </ul>
An Incorporated Association	<ul style="list-style-type: none"> <li>• Certificate of Incorporation; or</li> <li>• Signed meeting minutes showing which officers can operate the account; or</li> <li>• A power of Attorney</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• An original or certified copy of the Constitution or Rules of the association; or</li> <li>• Information provided by ASIC or the government body responsible for the incorporation of the association</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for 'An Individual' for all account signatories</li> </ul>
An Unincorporated Association & Registered Co-Operatives	<ul style="list-style-type: none"> <li>• Signed meeting minutes showing which officers can operate the account; or</li> <li>• A power of Attorney</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• An original or certified copy of the Constitution or Rules of the association</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for 'An Individual' for all account signatories</li> </ul>
A Deceased Estate	<ul style="list-style-type: none"> <li>• A certified copy of the grant of probate or Letters of Administration</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Identification as required for 'An Individual' for all Executors and/or account signatories</li> </ul>
Testamentary Trust	<ul style="list-style-type: none"> <li>• Original or certified copy of the will and any trust deed</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• Original or certified copy of a death certificate</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• ABN search</li> </ul>

\* 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.

+ If a company search is not provided by you, we will arrange one, however an account opening search fee will apply.

## GUIDE TO SOURCE OF FUNDS / SOURCE OF WEALTH

Source of Funds	Salary/Wages Commission Bonus Business income/earnings Business profits Investment income/earnings Rental income Superannuation/pension Loan Capital injection Insurance payment Compensation payment Government payment Government benefits Government grant Sale of assets Redundancy Inheritance Gift/Donation Windfall Tax refund
Source of Wealth	Business income/earnings Business profits Investment income/earnings Corporate investment earnings Rental income Insurance payment Compensation payment Owns real estate/property Sale of assets Liquidation of assets Gift/Donation Employment income/earnings Government benefits Inheritance Superannuation/pension Windfall