



BOQ Money Market Deposit Accounts Managed by DDH Graham Limited

Change of Account Details



Please complete form in BLACK INK using CAPITAL letters.

1	ACCOUNT NUMBER		
	<input type="text"/>		
2	ACCOUNT NAME (IN FULL)		
	<input type="text"/>		
3	INCOME DISTRIBUTION		
	<input type="checkbox"/> Reinvest income in my/our account <input type="checkbox"/> Pay income to the bank, building society or credit union account shown below		
4	BANK, BUILDING SOCIETY OR CREDIT UNION DETAILS		
	Bank, building society or credit union name <input type="text"/> Branch number (BSB) <input type="text"/> Account number/membership number <input type="text"/> Account name <input type="text"/>		
5	STATEMENT FREQUENCY		
	Please specify the frequency for your Account statement (if no selection is made, statements will be issued quarterly): <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		
6	STATEMENT/CONFIRMATION DISTRIBUTION		
	<input type="checkbox"/> Via Mail <input type="checkbox"/> Electronically		
7	ADDITIONAL CHANGES REQUIRED		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
8	DECLARATION AND SIGNATURES		
	<p>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 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</p>		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Signature <input type="text"/> Name _____ Date _____ </td> <td style="width: 50%; vertical-align: top;"> Signature <input type="text"/> Name _____ Date _____ </td> </tr> </table>	Signature <input type="text"/> Name _____ Date _____	Signature <input type="text"/> Name _____ Date _____
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