



# APPLICATION FORM



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   
 Phone ( )   
 Email Address  Broker Reference

## CUSTOMER TYPE (Please tick relevant customer type)

INDIVIDUAL/JOINT       ASSOCIATION/ASSOCIATION MEMBER       SELF MANAGED SUPER FUND/TRUST  
 PARTNERSHIP       COMPANY/COMPANY TRUSTEE       SOLE TRADER

## 1. INDIVIDUALS (Including Individual Customers, Directors, Sole Trader, Individual Trustees, Association Member, Partner)

### INDIVIDUAL A - 'ABOUT YOU' THIS INFORMATION IS COMPULSORY

Individual Customer     Individual Trustee     Company Director/Sole Trader     Association Member     Partner

Mr     Mrs     Miss     Ms     Dr     Other:

Gender     Male     Female     I do not wish to disclose

First Name (s)  Middle Name (s)  Surname

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

### Identification (for electronic verification purposes)

Document Type     AU Passport     NZ Passport     AU Driver Licence and Issuing State

Document Number     Expiry Date

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 9).

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.

Occupation     Industry

### Residential Address (PO Box is not acceptable)

City     State     Post Code

Postal Address  Same as residential address; Or:

City     State     Post Code

Email Address

Mobile     Phone (business hours)

### Online Services

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

Enquiry Access Only     Enquiry Access and withdrawals limited to pre-nominated accounts     Full internet banking

Add this account to my existing Online Services login    EN

# 1. INDIVIDUALS (CONT)

## INDIVIDUAL B - 'ABOUT YOU' THIS INFORMATION IS COMPULSORY

Individual Customer  Individual Trustee  Company Director/Sole Trader  Association Member  Partner

Mr  Mrs  Miss  Ms  Dr  Other:

Gender  Male  Female  I do not wish to disclose

First Name (s)  Middle Name (s)  Surname

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

### Identification (for electronic verification purposes)

Document Type  AU Passport  NZ Passport  AU Driver Licence and Issuing State

Document Number  Expiry Date  /  /

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 9).

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.

Occupation  Industry

Residential Address (PO Box is not acceptable)  Same as Individual A; OR:

City  State  Post Code

Postal Address  Same as residential address; OR:

City  State  Post Code

Email Address  OR Same as Individual A

Mobile  Phone (business hours)

### Online Services

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

Enquiry Access Only  Enquiry Access and withdrawals limited to pre-nominated accounts  Full internet banking

Add this account to my existing Online Services login  EN

# 1. INDIVIDUALS (CONT)

## INDIVIDUAL C - 'ABOUT YOU' THIS INFORMATION IS COMPULSORY

Individual Customer  Individual Trustee  Company Director/Sole Trader  Association Member  Partner

Mr  Mrs  Miss  Ms  Dr  Other:

Gender  Male  Female  I do not wish to disclose

First Name (s)  Middle Name (s)  Surname

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

### Identification (for electronic verification purposes)

Document Type  AU Passport  NZ Passport  AU Driver Licence and Issuing State

Document Number  Expiry Date  /  /

I am only an Australian Resident for tax purposes (if this box is not ticked, please complete Section 9).

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.

Occupation  Industry

Residential Address (PO Box is not acceptable)  Same as Individual A; OR:

City  State  Post Code

Postal Address  Same as residential address; OR:

City  State  Post Code

Email Address  OR Same as Individual A

Mobile  Phone (business hours)

### Online Services

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

Enquiry Access Only  Enquiry Access and withdrawals limited to pre-nominated accounts  Full internet banking

Add this account to my existing Online Services login EN

## 2. AUSTRALIAN COMPANY, ASSOCIATION, CORPORATE TRUSTEE, PARTNERSHIP OR CO-OPS

### 2.1 ENTITY DETAILS

Full Business Name

Trading Name, if different to Full Business Name above

ACN

ABN

Tax File Number

Industry

#### Company Type/Entity Type

Public

Proprietary

Association Unique Identifying Number

Partnership

Registered Address (PO Box is not acceptable)

City

State

Post Code

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

Same as Registered Address; Or:

City

State

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 9.  
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.  Same as Individual A; OR

Residential  
Address

2.  Same as Individual B; OR

Residential  
Address

3.  Same as Individual C; OR

Residential  
Address

4.

Residential  
Address

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, also complete information in section 1 for the Individual Member)

## 2. CONTINUED

### 2.5 BENEFICIAL OWNERSHIP

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 9.

<input type="checkbox"/> Same as Individual A; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Occupation		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		
Residential Address (PO Box is not acceptable)			
<input type="text"/>			
City	State	Post Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Identification (for electronic verification purposes)</b>			
Document Type	<input type="checkbox"/> AU Passport	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> AU Driver Licence and Issuing State <input type="text"/>
Document Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

<input type="checkbox"/> Same as Individual B; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Occupation		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		
Residential Address (PO Box is not acceptable)			
<input type="text"/>			
City	State	Post Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Identification (for electronic verification purposes)</b>			
Document Type	<input type="checkbox"/> AU Passport	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> AU Driver Licence and Issuing State <input type="text"/>
Document Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

<input type="checkbox"/> Same as Individual C; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Occupation		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		
Residential Address (PO Box is not acceptable)			
<input type="text"/>			
City	State	Post Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Identification (for electronic verification purposes)</b>			
Document Type	<input type="checkbox"/> AU Passport	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> AU Driver Licence and Issuing State <input type="text"/>
Document Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

First Name (s)	Middle Name (s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Occupation		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		
Residential Address (PO Box is not acceptable)			
<input type="text"/>			
City	State	Post Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Identification (for electronic verification purposes)</b>			
Document Type	<input type="checkbox"/> AU Passport	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> AU Driver Licence and Issuing State <input type="text"/>
Document Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 3. SELF MANAGED SUPER FUND, TRUST OR OTHER ENTITY DETAILS

#### 3.1 TRUST/SMSF DETAILS/SOLE TRADING NAME

Full Business Name

Registered Business Name, if different to Full Business Name 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)

#### 3.2 OVERSEAS TAX STATUS (NOT REQUIRED FOR COMPLYING SMSFs)

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

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

Is the primary activity investing?  Yes  No

If the entity's primary activity is investing and any beneficial owner has an overseas tax status, please supply additional details in section 9.  
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

Class

Full Name (s) of Beneficiaries

Details of Class

Same as Individual A; OR

Full Name (s) of Beneficiaries

Details of Class

Same as Individual B; OR

Full Name (s) of Beneficiaries

Details of Class

Same as Individual C; OR

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)

First Name (s)

Middle Name (s)

Surname

Date of Birth

Residential Address \*

City

State

Post Code

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. ACCOUNT DESCRIPTION

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

## 5. ACCOUNT INFORMATION

### Primary contact for this Account (select one)

Individual A

Individual B

Individual C

### Statements & Communications

Statements and Communications will be issued online and accessible via your secure Online Services access, unless you notify us otherwise. 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 mail

### Duplicate Communications

Please complete if you require duplication communication be issued to your Adviser or Administrator.

My Adviser specified in Section 8

My Administrator:

Business Name

Email Address

Business Phone Number

### 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

## 6. INVESTMENT INFORMATION

### Source of Funds

Superannuation

Income/earnings

Other (please specify)

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

### 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 in Section 5. (You must include a statement of the account to be debited that is no more than 12 months old and in exactly the same name and authorised by all relevant account holders).

## 7. 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.

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:	<input type="text"/>
First Name (s)	Middle Name (s)	Surname				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Date of Birth	Occupation					
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>					
Residential Address (PO Box is not acceptable)						
<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>	

### Identification (for electronic verification purposes)

Document Type	<input type="checkbox"/> AU Passport	<input type="checkbox"/> NZ Passport	<input type="checkbox"/> AU Driver Licence and Issuing State	<input type="text"/>	
Document Number	<input type="text"/>	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Email Address	<input type="text"/>				
Mobile	<input type="text"/>	Phone (business hours)	<input type="text"/>		

### 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	<input type="text"/>	Customer Name	<input type="text"/>
Customer Signature	<input type="text"/>	Customer Signature	<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:

<input type="checkbox"/> Full Authority	<input type="checkbox"/> Standard Adviser Authority	<input type="checkbox"/> Fee Authority	<input type="checkbox"/> Tax Authority	<input type="checkbox"/> Enquiry Authority
-----------------------------------------	-----------------------------------------------------	----------------------------------------	----------------------------------------	--------------------------------------------

**Where you give your financial advisor/stockbroker's company or firm Full Authority they can do anything which you could do in relation to your account, including withdrawal access to your account, and making changes to your account, including closing your account.**

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



## 9. 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.

<input type="checkbox"/>	Same as Individual A; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth				
<input type="text"/> / <input type="text"/> / <input type="text"/>				
Residential Address				
<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Post Code
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Tax Jurisdiction				
<input type="text"/>				
Tax Identification Number (TIN)				
<input type="text"/>				
Reason if no TIN provided (please tick one)				
<input type="checkbox"/>	Foreign TIN not issued by this country	<input type="checkbox"/>	Individual is under age	<input type="checkbox"/>
Foreign TIN pending issue by the country's tax authority				

<input type="checkbox"/>	Same as Individual B; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth				
<input type="text"/> / <input type="text"/> / <input type="text"/>				
Residential Address				
<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Post Code
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Tax Jurisdiction				
<input type="text"/>				
Tax Identification Number (TIN)				
<input type="text"/>				
Reason if no TIN provided (please tick one)				
<input type="checkbox"/>	Foreign TIN not issued by this country	<input type="checkbox"/>	Individual is under age	<input type="checkbox"/>
Foreign TIN pending issue by the country's tax authority				

<input type="checkbox"/>	Same as Individual C; <b>OR</b>	First Name (s)	Middle Name (s)	Surname
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth				
<input type="text"/> / <input type="text"/> / <input type="text"/>				
Residential Address				
<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Post Code
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Tax Jurisdiction				
<input type="text"/>				
Tax Identification Number (TIN)				
<input type="text"/>				
Reason if no TIN provided (please tick one)				
<input type="checkbox"/>	Foreign TIN not issued by this country	<input type="checkbox"/>	Individual is under age	<input type="checkbox"/>
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.

## 10. 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.

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 9) 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 9 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 9) 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)

Name

Position

Sole Director

Date

*Please note all signatures must be dated*

Signature  
(Individual B)

Name

Position

Date

*Please note all signatures must be dated*

Signature  
(Individual C)

Name

Position

Date

*Please note all signatures must be dated*

### 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

Where electronic verification is unsuccessful, the following certified copies of original documentation is required.

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</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>

The following entity types are unable to be electronically verified, and certified copies of original documentation is required.

Trusts & Trustees (e.g. Superannuation fund)	<ul style="list-style-type: none"> <li>A copy of the Trust Deed, or</li> <li>A copy of an extract of the Trust Deed where the name of the trust, beneficiaries, settlors, trustee, country of establishment, beneficial owners and execution pages are evident</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>Individual Trustees - as per 'An Individual'</li> <li>Corporate Trustee - as per 'A Company' (not required for SMSF Corporate Trustees)</li> <li>Beneficial Owners - as per 'An Individual'</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.**

## GUIDE TO SOURCE OF FUNDS / SOURCE OF WEALTH

Source of Funds	<ul style="list-style-type: none"> <li>Salary/Wages</li> <li>Commission</li> <li>Bonus</li> <li>Business income/earnings</li> <li>Business profits</li> <li>Investment income/earnings</li> <li>Rental income</li> <li>Superannuation/pension</li> <li>Loan</li> <li>Capital injection</li> <li>Insurance payment</li> <li>Compensation payment</li> <li>Government payment</li> <li>Government benefits</li> <li>Government grant</li> <li>Sale of assets</li> <li>Redundancy</li> <li>Inheritance</li> <li>Gift/Donation</li> <li>Windfall</li> <li>Tax refund</li> </ul>
Source of Wealth	<ul style="list-style-type: none"> <li>Business income/earnings</li> <li>Business profits</li> <li>Investment income/earnings</li> <li>Corporate investment earnings</li> <li>Rental income</li> <li>Insurance payment</li> <li>Compensation payment</li> <li>Owns real estate/property</li> <li>Sale of assets</li> <li>Liquidation of assets</li> <li>Gift/Donation</li> <li>Employment income/earnings</li> <li>Government benefits</li> <li>Inheritance</li> <li>Superannuation/pension</li> <li>Windfall</li> </ul>