



Adviser Fee Authority Adviser Directed

Please complete form in BLACK INK using CAPITAL letters.

1

YOUR DETAILS

Full account name

Account number

Postal address

Post code

Contact name

Phone (business hours)

Mobile

Email address

2

ADVISER REMUNERATION

Financial adviser / Company name

Funds will be credited to the bank account held by the Australian Financial Service Licensee (AFSL) holder of your Financial Adviser.

This authority means withdrawals may be made for any amount and may be made at varying intervals of time, as requested by your Financial Adviser.

The narration that appears on your transaction statement will be as specified by your Financial Adviser on the day of withdrawal.

3

FINANCIAL ADVISER ACKNOWLEDGEMENT AND SIGNATURE

I declare that I am authorised to provide financial product advice and that this authority will only be used in connection with the fees to be collected for the financial advice provided, as disclosed and consented to by the client.

Signature of Financial Adviser

Date

4

TERMS AND CONDITIONS AND SIGNATURE OF ACCOUNT HOLDER/S

You can instruct us at any time to cancel or amend this service, however we will require at least two bank business days notice before the next payment is due.

I/We confirm that I/we have read and understood the BOQ Money Market Deposit Account terms and conditions located at www.ddhgraham.com.au.

Signature

Signature

Name

Date

Name

Date