



Adviser Fee Authority Client 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.

Fee Description	Amount	Frequency	Start Date	End Date	Payment Reference
	\$				
	\$				
	\$				

Fee Description - This narration will appear on your transaction statement each time a debit is processed from your account

Frequency - Recurring payments can be made monthly or quarterly

Payment Reference - This is the narration the receiving bank will receive to identify you as remitter of the payment

3

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.

We can cancel your instruction for a transfer at any time by telling you in writing, including where a transfer has failed three consecutive times due to insufficient or uncleared funds. We may also charge a fee for dishonoured payments.

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