

**OPTIONS ACCOUNT application form**

Please use this form when you wish to:

- add options trading to your existing BOQ Trading Account

In order to process your application we will need:

- your completed application form
- your completed Collateral Cover Authorisation form will need to be directly mailed to our postal address

**IMPORTANT**

If the account is to be opened in a Company Name, please supply the Director(s) personal information in Sections A & B.

If the account is a Trust Account, please supply the Trustee(s) personal information in Sections A & B.

In order to open your Options Account, you will need to be CHESS Sponsored with CMC Markets Stockbroking, and you will need to open a Money Market Deposit Account (MMDA).

If you need to add these features to your account, please complete a CHESS Sponsorship Agreement Form, and/or a MMDA.

**Thank you for choosing BOQ Trading.**

If you require assistance when completing this form, please contact our Client Services team on **1800 748 977**.

Please email your completed and signed form to [forms@boqtrading.com.au](mailto:forms@boqtrading.com.au)

## Current Account Details

BOQ Trading Account Number:

## Section A – Account Holder1 / Director 1 / Trustee 1

ALL FIELDS ARE MANDATORY.

Mr  Mrs  Miss  Ms  Dr  Other (please specify) \_\_\_\_\_

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address  
(PO Box not allowed)

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address

Same as above

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Numbers

Mobile (recommended) \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

Existing BOQ CAN (if applicable) \_\_\_\_\_

If this account has multiple Trustees/Directors, trade confirmations will be sent to the postal address for Account Holder 1.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If this account has an individual Account Holder/Director/Trustee proceed to SECTION C >

If this account has multiple Account Holders/Directors/Trustees proceed to SECTION B >

## Section B – Account Holder1 / Director 1 / Trustee 1

ALL FIELDS ARE MANDATORY.

Mr  Mrs  Miss  Ms  Dr  Other (please specify) \_\_\_\_\_

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address  
(PO Box not allowed)

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address

Same as above

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact Numbers

Mobile (recommended) \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

To comply with the ASIC Market Integrity Rules the first email address must be that of the account holder.

Existing BOQ CAN (if applicable) \_\_\_\_\_

If this account has multiple Trustees/Directors, trade confirmations will be sent to the postal address for Account Holder 1.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proceed to SECTION C >

### Section C – Margin Lender

This section is applicable for all Margin Lending Linked Accounts.  
Please supply the details of your Account with your Margin Lender.

Name of Margin Lender: \_\_\_\_\_

Account Number:  
(with Margin Lender) \_\_\_\_\_

Proceed to SECTION D >

### Section D – Company Account

This section is applicable for Company Accounts and Trust Accounts where a Company is acting as Trustee.  
Please ensure the Director(s) details are supplied in Sections A and B.

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Your ACN is required to perform an ASIC check on the company to verify the Company Name and the Directors.

ACN  –  –

If this account is not a Trust Account proceed to SECTION F >

If this account is a Trust Account proceed to SECTION E >

### Section E – Account Designation

This section is applicable for Trust Accounts. Please nominate the name of the Trust.

If you are opening a Superannuation fund account, you would nominate the name of the superannuation fund here.  
For example 'WEST SUPER FUND A/C':

If you are opening the account for a minor, you nominate the name of the minor in this section.  
For example 'EDGAR WEST A/C':

If you are opening the account for any other registered Trust, please nominate the name of that Trust in this section.  
For example 'WEST FAMILY A/C':

Please note that CHES regulations state that the word 'Trust' is not included in the Designation.

The designation must not be greater than 24 characters and must end in 'A/C' (Account).  
If necessary, you may use abbreviations.

<  A/C >

Proceed to SECTION F >

## Section F – Client Agreement & Declaration

THIS SECTION IS MANDATORY FOR ALL ACCOUNT HOLDERS.

Before you complete this part of the Application Form, ensure you have received and read the Exchange Traded Options Product Disclosure Statement (PDS) issued by CMC Markets Stockbroking and the ASX explanatory booklet, 'Understanding Options Trading'. The PDS can be accessed via our website [boq.com.au](http://boq.com.au) and the ASX explanatory booklet 'Understanding Options Trading' can be accessed at [asx.com.au](http://asx.com.au), or contact us and we will send them to you.

By signing below you confirm you have received, read and understood the CMC Markets Stockbroking Exchange Traded Options PDS, the ASX's explanatory booklet 'Understanding Options Trading', the CMC Markets Stockbroking Financial Services Guide and the Bank of Queensland Financial Services Guide. You also agree to be bound by Parts A, D and any other relevant Parts of the BOQ Trading Terms and Conditions.

	Account Holder 1	Account Holder 2
Client Signature(s)	_____	_____
Name(s) (printed)	_____	_____
Date	____ / ____ / 20____	____ / ____ / 20____

All Account Holders must complete the 'Registered Holder Collateral Cover Authorisation' which appears over the page.

How to complete the 'Registered Holder Collateral Cover Authorisation':

- The name of the option account holder needs to be filled in on the first line of the form.
- The second line of the form refers to name of the shareholder whose shares are being lodged. In most cases the name on this line will be the same as the name on the first line. It would only be different if a third party's shares are being lodged as collateral for the account.
- The Holder Identification Number (HIN) to be used is that of the shareholder(s) on line two of the form.
- The form needs to be signed by the shareholder(s) whose name(s) appear on line two of the form.
- A witness MUST sign the form for the form to be valid.

If you do not understand the form, please contact our Client Services Team on 1800 748 977.

Proceed to **Authorisation** overleaf >

